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# THE PSYCHOANALYTIC QUARTERLY

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# A PSYCHODYNAMIC STUDY OF THE RECOVERY OF TWO SCHIZOPHRENIC CASES

BY THOMAS M. FRENCH (CHICAGO) AND  
JACOB KASANIN (SAN FRANCISCO)

Every psychiatrist has had cases that seemed to be hopelessly involved in schizophrenic psychotic processes but which nevertheless, after some months or years, have set all his gloomy prognostications at naught, some even achieving on recovery a better social adjustment than had been possible before the illness. Sometimes these cases are dismissed as merely further evidence of the uncertainty of psychiatric diagnosis. Such cases, however, should challenge us to try to understand psychodynamically just what the process was by which the unexpected recovery took place or to answer if possible the paradoxical question of why it was necessary for these patients to develop a psychosis as a step in the process of achieving a better adaptation to life.

In this paper we wish to present two such cases who underwent no treatment other than the good physical care and sympathetic interest in the patient's communications which is offered in every good psychiatric hospital, but who nevertheless achieved unexpected recovery.

The points that we wish to illustrate are two: (1) that an acute psychosis may be a transitional episode in the process of emancipation from an old method of adjustment and 'learning' a new one, and (2) that during the acute psychosis the mechanism of recovery may be indicated in advance by the content of some of the delusions.

Our first patient is a young woman of twenty-four, a nurse, the youngest of eight children. The parents were Italians, originally Catholics who had been converted to the Protestant faith. The patient's father was somewhat of a rebel and left home early in life; he also left his church and became a converted Protestant. He graduated from a liberal university and



after coming to America he became a successful publisher. The patient's mother was an able, intelligent, intuitive person. Four years previously she had had a depression which lasted about a month. The brothers and sisters had achieved success in business and professional careers, although several of them were somewhat neurotic.

The parents were in their fifties when the patient was born. A delicate child, she was considered pretuberculous when at the ages of one and three she had swollen glands of the neck which suppurated and drained for several weeks; but with proper hygiene she developed into a healthy child.

She was occasionally bothered with night terrors and sometimes talked in her sleep, but seemed otherwise quite normal. She was a very pretty child, enjoyed being dressed up, was fussy about her clothes, and was quite spoiled and pampered by her family. As a little girl she was very fond of dolls and loved to dress them.

She had a great admiration for her brother Joe, four years older, who was always interested in what she did, although he sometimes resented her wishing to play boys' games lest she become a tomboy.

She was well adjusted in school, was quite a leader and loved to play and take care of little children. She was a hard worker, had an excellent scholastic record and graduated from high school at eighteen. After this she went into training as a nurse and subsequently specialized in public health. In 1928 she had charge of a hygiene department in a large settlement house.

The patient was brought up in a very rigid family discipline. Some of her siblings left home because their lives were minutely regulated by the parents. The patient was never allowed to go out with boys until she was twenty-two. Even then she had to be in by ten o'clock, and the mother interviewed every man she met. The patient was given a choice of a career or marriage. In as much as she was interested in a career, the parents insisted that she have nothing to do with men.

The patient was described as a charming, sweet girl, sociable, attractive, quite aggressive and somewhat snobbish. She chose

her friends very carefully. She was always extremely jealous of her brothers and sisters.

After a minor operation in 1922, there was a period in which the patient became more serious, less cheerful, and quite irritable. She began to demand a great deal of her family, was critical and scolded her mother for no special reason. In the winter of 1926 there was again a short period when the patient was extremely cross with her family, especially with her brother, Joe, of whom she was very fond. She seemed to be unhappy at home and extremely absent-minded, but gradually she seemed to pull out of it. A recurrence took place in the fall of 1927-1928.

In 1929 the patient felt so restricted at home that she decided to find a job in another city. She took charge of health work in a settlement house maintained by a sectarian organization. She found the people in the settlement house rigid, narrow and meddlesome. The patient's letters home showed that she was dissatisfied and unhappy. When she visited her sister in November 1929, the latter noticed that she was very quiet and unhappy.

In a later autobiographical account, however, the patient revealed that her unhappiness had a deeper cause. The difficulty had begun with an intimacy with her brother's friend, Tracy, who made urgent sexual advances to her. As she later confessed, she had refused intercourse with him only because she was menstruating, but had yielded to tongue kissing and probably to fellatio which was very disgusting to her. Then she developed cankers in her mouth, became disgusted by everything she ate, and was sure she had syphilis.

The patient went home for Christmas. She looked for a long time at her mother who met her at the station, as if she did not recognize her. She was confused, perplexed and could not make any decisions. She brought some ties for her brothers but could not decide whether they were good enough for the boys or not. She complained of fatigue, was depressed and spoke about being a failure. In spite of her family's objections the patient went back to work. However, she felt



herself to be a total failure and 'could not go back and teach those dear children again'. Her letters to her family were brief and difficult to follow.

On January 12, 1930, the patient telephoned to her sister and asked that someone come to see her. When her brother visited her, she complained that everybody was talking about her and making sarcastic remarks. She thought of committing suicide by jumping out of the window, finally going so far as to climb onto the window sill with this thought. Earlier in the evening she had taken a dose of milk of magnesia and a sedative which had been given her, but a funny taste remained in her mouth and she was sure that her associates had attempted to poison her.

On January 16, 1930, the family received a wire from the superintendent of the settlement house, stating that the patient had become unmanageable and had tried to jump out of a window. The family came to take her home and on the way home the patient made several attempts to kill herself. She said that the police had tried to flirt with her and that she had been shut in a room with a policeman so that she would be compromised. When they tried to give her a sedative she said they were giving her poison. She had a small sore on her mouth which she asserted was syphilitic. She called on God and announced that she was a sinner. She also mentioned the name of her brother's friend and said she had been intimate with him.

On January 17 she was brought to a hospital for observation. On admission the patient was quiet but uncoöperative. Within a few hours she became very restless, walked a good deal, hammered at the door, cried for help and said that very strange things were happening. At times she was agitated and depressed. She called the physician again and again and said that she would be saved through Christ. For the first two days she refused all food. On the fourth day she became very quiet and underactive. She suspected that the food was poisoned and refused to drink water from the fountain. She said that strange, mysterious things had happened to her. She

said that before she came to the hospital people bothered her and were against her. At the same time she was evasive and would not give any specific illustrations. She was hostile, she criticized the food and the hospital. She then lapsed into a stupor but any attempt to examine her physically elicited a violent response. Since the prognosis for quick recovery was thought to be poor, the patient was transferred to a State Hospital with the diagnosis, catatonic dementia præcox, stuporous state.

On admission to the State Hospital the patient was mute and untidy. She grimaced, gesticulated, and mumbled to herself unintelligibly. At times she was over-talkative. For a long time she wandered about the ward dirty, unresponsive, with a vacant, dull expression.

The following are excerpts from a later retrospective account of her illness.

'I went through what I thought was positive hell. I believed myself to have been dead many years. I thought I had been so wicked on earth that I was not allowed to live on it any more and that only the good people were allowed to enjoy its luxuries. It seemed like years and years instead of days and days. To be really dead was my only craving for I had no hope of ever enjoying the luxuries, if one might call them such, of my home again. If only I could have ended everything for myself. . . .

'One of the patients reminded me so of Tracy's mother that I felt it was she. I thought she was there to attend the trial. She would look in my room all the time and hated the sight of me with a profound hatred, while in reality she was quite fond of me. His father, who I imagined Dr. P. to be, hated me likewise and was so severe—so different from what he really was. One of the student doctors was Tracy. Tracy had a lot of sympathy for me now but no love. He was chagrined and would not recognize me in this condition. I was a horrible girl and he a successful surgeon. . . .

'Soon after, perhaps a week (it seemed years) of agony I found myself on a boat bound for Italy. I had been kidnapped and what not. I was relieved of my suffering to a



very small degree by being taken into another world. I must now suffer for my sinful life upon earth. Consequently I was being transformed into a snake. Hence the food, cornmeal mush with molasses (Indian pudding) and plenty of milk, for snakes thrive on milk. The very hairs of my head were each one changing separately into a snake. I myself was going to be a huge one. These thoughts sent shivers through me. It was horror again. No one can believe, no one can understand—for it was so real to me, so true to life. Anyone who looked at me long enough would take on a peculiar facial expression which I thought lasted; that was why people looked in and walked away and could not bear to see me. Why did I always hide? For fear someone who had known me would see me in this condition. I heard my friends' and relatives' voices. They all wanted me to return home. I could hear them pleading with me. . . .

'I was so dissatisfied with the life that I had led and the small amount of religion which I had possessed that I determined to become a Catholic. The Catholic religion seemed to me to have more back of it (really I did not know a great deal about it). They had to confess their sins to the priest while we kept everything hidden within ourselves and lived our lives as we chose. Attending church was optional. What sort of religion was this, the Congregational faith? Merely effective, nothing more. Consequently I became (I sincerely believed) a Catholic. I spoke to the attendants about it and they were unusually sympathetic. I waited for a priest to come but apparently I was in no condition to be seen. So they put me in packs and I returned to hell once more where I remained for how long I do not remember. . . .

'The next thing I remember was being tube fed. I looked up into the doctor's face and she reminded me so much of a dear friend of mine that I felt she was there to help me. I wanted to talk to her but as I believed myself to have been dead I couldn't bring myself to do so. I wanted her back more than anything else. . . .

'Finally I felt that I had just awakened to the fact that I had been missing from my family for some months and that they were looking everywhere for me. A war had taken place

on account of me, everything was wrong everywhere. My family must never find me. So I kept hiding. Consequently when my father came I did not want him near me. First because I had been dead. I was now Catholic and then too they were apt to look him up and molest him. I alone knew the extent of his goodness upon earth. He brought me ice cream. How absurd this seemed to me. To please him, however, I often ate it. . . .

'Was it possible that I was really L.A.B. at one time? How was I to know? There was no mirror around. I found scars on my legs which were there before and my hair seemed to be the same. The fact too that one or two people called me Lucia. These things alone seemed to prove my identity. . . .

'The hydro is like a morgue to me. I felt they were reviving people who were dead. . . .

'On my return from the hydro one particular day I was sitting in the sun parlor. The doctor that tube-fed me went by. When I smiled at her she responded by coming to talk to me. Because she said she would talk to me only if I wanted her to, I was willing to try. She asked me what I wanted most. I said "a chance to live again". When she said that I would have this opportunity, it seemed just the most remarkable thing imaginable. . . .'

In the spring of 1930 the patient showed more interest in her environment and began to be more communicative. 'When I first discovered that there were one or two people ready to be my friends, I immediately started to improve, but not until then.'

During this period she was continually working over the problem of her relations with Tracy, at times realistically.

'Another thing: Tracy always got awfully excited when he loved me. . . . He was one year younger than I was but he was old for his age. But I think he was in love with me. I think he likes me a lot but he has other girls. He never talked seriously of marriage. He told me I was the woman but I don't think he meant it. He did not know his own mind. He did many other things which were repulsive to



me. I knew other girls did it. I don't like to think that he has done to other girls what he did to me. . . .

'I always loved my brother, Joe, even if I got awfully mad at him sometimes. He didn't want me to do things with boys that he did with girls. He said a fellow can get away with it. A man doesn't want a girl that everyone had. The fact that I would do anything more than hold hands with a fellow was repulsive to Joe. I always knew that Joe and my family thought so highly of me that they could not think I went as far as I did. . . .

'The day you tube-fed me I would have been dead if you had not spoken to me. The others didn't. I knew I nearly died and I tried very hard to die. I think the idea of my favorite brother, Joe, kept me more alive than anything else, even more than my father and mother. . . .

'I thought when my case was read that I was at a trial. I thought the superintendent of the hospital was a judge and that the people could not get out of the hospital. They were being suffocated. The world had stopped. The minute any foreigner came around I thought I was in Italy. I thought I was in Italy when Francesca started raving at me in Italian.'

In the spring of 1930 the patient went home for a trial visit but she had to return to the hospital because she was very unstable, had severe temper tantrums and scolded her family. In the hospital the patient was extremely impulsive and several times attacked nurses and threw things at them. She continued to improve, however, and in the summer of 1930 she was discharged on parole. She was seen by the psychiatrist once or twice a week through the summer, fall and winter of 1930-1931. Throughout this period the patient was very anxious to come, never missed an appointment, was eager to talk about herself and constantly sought direction and guidance. She was like a small child who begged to be led.

During this period she met a young man who was her favorite brother's best friend. Gradually the two fell in love with each other. She would ask for detailed instructions to govern her conduct with this young man and when she was told

she might conduct herself in any way she thought best, she would inform us immediately that that was exactly what she had been doing. When she asked, for example, if it were advisable for her to have relations with the man to whom she was engaged, as both felt very passionate, she was told that since they felt that way and since she was sure to marry the man, there were no real objections. Then the patient stated that she had already done it. It seemed as if she wanted her behavior condoned rather than permitted.

The young man whom she subsequently married was an unstable, somewhat immature person who had been married previously to an inferior person who left him with a feeble-minded child. His family was also very erratic, although wealthy and prominent socially. The patient thus had to contend with a very difficult situation which she handled with unusual intelligence and skill. She gradually won over to her side the members of her husband's family, gave extraordinarily good care to the feeble-minded child, and for several years took care of it until the husband of his own accord suggested that the child be placed in an institution. Then the patient became pregnant and had a normal pregnancy and delivery. She and her husband had to weather many economic difficulties as the latter had a difficult time during the depression before he obtained a satisfactory position as an engineer. The patient, with whom we have kept in rather close touch, impresses one at present as a stable, mature, intelligent woman with a good deal of social poise, tact and judgment.

It will be noted that her psychosis followed the patient's first attempt at supporting herself away from home and was a reaction to a sexual experience which was at great variance with the moral traditions of the family. Significant also is the fact that even prior to the psychosis the patient was at least consciously and intellectually beginning to free herself from the overstrict standards of the mother. This is indicated by her insistence that she loved the man in spite of her disgust on account of the character of their sexual intimacies and also



by her frank admission that a normal sexual relationship would have occurred had she not been menstruating at the time.

Her psychotic reaction makes it plain, however, that emotionally she was not so fully emancipated as her conscious attitudes would suggest. The central motive of her psychosis is punishment and at the height of her psychosis she experiences an acute estrangement from this newer self that had attempted to act in disregard of the puritanical attitudes of the parental home. She is dead, she is not herself. She is being transformed into a snake, a symbol of the sexuality which her conscience so loathes. People walk away and cannot bear to see her. She must hide from her family.

But then, under cover of these delusions of punishment and loathing, comes a first hint of a new trend. She is being kidnapped and carried back to the Catholic country from which her parents had come. The significance of this is not immediately plain until she tells us soon afterward that she has become a Catholic and extols the confession as a better means of dealing with guilt than trying 'to keep everything hidden in ourselves and living our lives as we choose'.

In the light of the specific facts of the patient's family history we can now sense that this delusion of being taken back to Italy has a hitherto unexpected meaning. The parents were converted Catholics and had the puritanical zeal of converts. The patient senses this and wishes to turn away from a religion that puts such a great burden upon the conscience, back to a religion that allows confession and absolution. She wishes to return not only to the land but also to the first faith of her parents.

We may perhaps even suspect a new meaning in her delusion of being transformed into a snake. Snakes thrive on milk, she tells us. The snake is not only a symbol of her sexuality but also of her desire to be fed. We suspect that she desires not only physical but also spiritual food. She wishes for someone to teach her what to do with this problem of trying to 'reconcile her sexuality with the demands of conscience.

Thus in these little details of her delusions and then more plainly in her own account of her motives for wishing to become a Catholic, the patient has given us the clue to the secret of her recovery. From now on the need for someone to whom she may 'confess' her problems receives more and more overt expression and her recovery proceeds apace. During the same period a process of reality testing is setting in. She looks at the scars on her legs and wonders if she is really dead, if she may not be herself after all. After a time she brings herself to speak to her psychiatrist. She writes an account of her illness, upon which much of this history is based, and in this document is already beginning to turn over in her mind in a realistic way the problems presented by her sexual experience with Tracy. After returning home she continues to seek instruction from her psychiatrist. After a time she begins again to experiment with living according to the less rigid standards that correspond to her own intellectual convictions; but in this for a considerable period she still needs the moral support of her psychiatrist. Most significant and favorable for the stability of her recovery, however, is the fact that she seeks not so much permission in advance, as approval afterward for her steps towards emancipation.

It appears indeed that during the psychosis something happened in the patient's personality which eventuated in a healthier integration. Prior to her psychosis, under her mother's influence she had chosen a career instead of marriage. After her psychosis she married and adjusted successfully to a difficult marital situation. It looks as if her psychosis were an episode in the sexual experimentation, in this case considerably delayed, which normally occurs at puberty. After the psychosis is over she achieved a marital adjustment which would probably have been impossible before.

As one of us has pointed out in a previous paper,<sup>1</sup> the process of 'learning' to substitute a new mode of adjustment for an older one often involves a period of frustration and despair due to the fact that one has abandoned the earlier form of

<sup>1</sup> French, Thomas M.: *A Clinical Study of Learning in the Course of a Psychoanalytic Treatment*. This *QUARTERLY*, V, 1936, pp. 148-94.



gratification and has not yet found or become secure in the new one. 'Each step in learning involves the substitution of a new for an old method of obtaining gratification. The incentive to search for a new method of gratification must be derived from insight into the fact that the old method is no longer adequate. However, the realization that an old method of gratification is unsatisfactory does not lead to the immediate acquisition of a new one. It merely initiates a period of experimentation. The first experiments are apt not to be successful; consequently, the experimentation tends to be punctuated by periods of frustration and despair, for the experimenter has now lost his old method of gratification and has as yet found no new one to take its place.'

As we have just seen, this patient's psychosis can best be understood in terms of just such a learning process. The patient was the youngest of eight children, the 'baby' of the family, much spoiled and pampered. It was not easy for her to give up this position; but the rigid puritanical standards of her family made it even more than usually difficult for her to achieve any sort of frank and sensible attitude towards her sexual impulses without sacrificing her position in the family. Nevertheless, just prior to her psychosis she made her first steps towards her emancipation. She left home and accepted willingly for the first time the sexual advances of a man. Her psychosis broke out when she first fully sensed that this sort of sexual freedom must necessarily estrange her from her family and deprive her of her position as the favorite and youngest child. In her psychosis we can distinguish two main dynamic trends in relation to this 'learning' process. The patient first experienced the acute frustration, rage and guilt which arose from the realization of complete estrangement from her family and their standards; then gradually, step by step, there emerged the urge to continue the learning process, to renew her experiment this time with the moral support of the psychiatrist, to try again to live no longer according to standards imposed by the parents, but now according to her own intellectual convictions.

In the following case the solving of a problem is the central theme of the patient's psychosis.

The patient was a nineteen year old boy, a student, the fourth of seven children. The paternal grandmother and paternal aunt were patients in mental hospitals. The father was a quiet, intelligent, successful business man, the mother a very pleasant, motherly person, extremely fond of the boy. The family atmosphere was reported to be unusually warm and harmonious. The patient is said to have been very happy at home. There was an ordinary amount of teasing by his older brothers. The patient's physical development had been normal except for a high degree of myopia which necessitated his wearing glasses.

He was a very serious, earnest, overconscientious youngster who was regarded as an 'odd stick' within the family and was teased in school and at home because he had no interest in games but was much more interested in his studies at school. He graduated from high school at the head of his class. He played the flute in the orchestra and was an enthusiastic collector of stamps, arrowheads and coins. He was very fond of going to the woods and identifying birds; he occasionally stuffed birds. He was an active correspondent with people in foreign lands, worked on a boy's magazine and in search of stamps carried on an extensive correspondence with people all over the world. He was a sensitive, shy boy and always felt alone in a crowd. He had few friends and did not care to mix with people. He felt that there was a good deal of stupidity around him. He was very self-conscious and worried over the fact that he might make a fool of himself. On the other hand he was very stubborn and expected everybody to accept his ideas. When his ideas were made fun of he would withdraw into himself and shut up like a clam.

The patient disliked church and organized religion, but liked to pray by himself and was very much interested in the mystical and the occult. He was disgusted with the perfunctory way in which grace was said at camp. Some time before

his illness he started a very extensive correspondence with a woman in Cyprus who wrote religious letters to him.

At the age of five there had been a good deal of mutual exhibitionism with other little boys and girls. He suffered from enuresis until the age of eleven and was punished for it. When he was about thirteen he was initiated into masturbation at a summer camp and worried a good deal in the succeeding years because he could not break himself of the habit. With one boy whom he knew for several years at summer camp, he went through as many varieties of sexual relations as they could think of. Until after his recovery from the psychosis there had never been any attempts at heterosexual intercourse.

After graduating from high school at the age of eighteen the patient entered college in the fall of 1923. The year was an arduous one. He had to commute a long distance and the course was difficult. There is some indication that his worries about masturbation increased at this time, for in January he began to keep a record of it and succeeded in reducing its frequency.

Toward the end of June he was quite upset, and one night he had a crying spell in his room. He said he was feeling discouraged and tired. In July he went to summer camp, apparently was fairly contented there, but on returning home for a few days he complained of difficulty with one of the boys at camp and talked very loudly and insistently and acted queerly. On July 29, two days after his return to camp, he stayed out all night in a canoe on the lake. He had read in some magazine that glasses were useless, so he threw them in the lake. As he was very nearsighted he was then unable to find his way; he also lost a paddle and had to wait until the canoe drifted to shore. He was sent home the next day with a counsellor. In the evening he kept drawing diagrams which he said contained the geometrical proof of a new great religion. He forecasted a great change to come at 11:20 P.M., and said that God's time was coming. He read the Bible and said he heard hymns being sung. When the time came and



nothing happened, he accepted the situation and went to his room. He spent a good deal of time with a piece of quartz glass in which he saw an angel and a picture of the woman to whom he was writing in Cyprus. The next morning he took this piece of quartz glass and began to gaze at it again. He saw a girl, a mountain, and a landscape. He spoke of the girl with great joy. In the afternoon he became very restless and accused his father of poisoning his food.

He was sent to a hospital for observation. He was extremely distressed at being brought to the hospital, cried, screamed, and demanded his clothes and his release. He refused to eat some of the food because he said it had been poisoned and had drugs in it. He was very excited but alert, and commented on the various objects he saw. He maintained that he saw in a piece of quartz glass various objects he had not seen for years. He frequently called out a girl's name and conducted conversations with her.

Physical examination showed considerable undernourishment. The urine showed a faint trace of albumin, a few white cells, and occasional granular casts. The white blood cell count was 25,000. There was no fever or other significant finding. Within two weeks both urine and white blood count had become normal.

For several months the patient was very overactive, excited, restless and rebellious, but perfectly willing to talk about his illness. He clung tenaciously to his thoughts, and for months called out 'Lucy', the name of the girl in Cyprus, with whom he conducted long conversations. He believed that she was in the hospital and perhaps on the same ward.

Reviewing his problems with his physician he brought up the fact that from the beginning he recognized that he was different from other boys and never felt at home in a crowd. At an early age he became interested in the Bible, its symbolism, and its conception of good and evil. This interest persisted through his college work where he became fascinated with formulæ: chemical, philosophic, religious and ethical. In the spring of 1924 he became interested in a memory

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system and became fired with the idea of finding a fundamental formula that would fit all spheres of life. He developed a very intricate, philosophical religious system which occupied all his attention and which was going to solve his problem of masturbation, his secret love affair, and his troubles at the camp. A few days before he came to the hospital he evolved a formula which, in his own opinion, relieved the tension in his mind, and more or less gave him the key to the universe which he was seeking. This was the idea that in the sexual union, man and woman came together and formed a perfect unity (the third element) thus reproducing the same formulation that he had found valid in all other spheres. This seemed the achievement of his goal and the solution of his problem. It is at this time that he became extremely detached from the rest of the world and began to receive telepathic communications from his sweetheart, a girl whom he had seen only once but with whom he corresponded extensively. The patient used a piece of quartz glass as a medium through which he might see explanations of things because it was the 'purest' substance known, and he felt that by the use of it he might be more able to achieve or at least glimpse perfection. It was while peering into this that he saw *five* pictures including an angel, the woman from Cyprus and others.

In the middle of November the patient became quieter and said that he no longer heard voices. He began to go home week-ends in December and was discharged on January 11, 1925. He reentered college, taking up a technical course and graduated with honors. He finally obtained a position as a research worker in a large industry and became a very successful executive.

When seen in November 1931, he reported that his life had been quite uneventful since leaving the hospital. He had had several positions doing research work, his last position being very uninteresting but very secure.

With regard to his social relations, he stated that he had gradually become able to meet more people, that he had had

several close friendships with girls with one of whom he had also had a sexual relationship. When last seen he was going with a girl whom he expected to marry soon.

Analyzing his illness, the patient said he could not reduce it to any one single factor. There were many things responsible for the breakdown, but at any rate it was a very valuable experience because it gave him a good insight into life. The overintellectualization of his adolescent years had been very harmful. He lived too much in thoughts, dreams and fantasy, without a real grasp or understanding of life. His recovery was largely influenced by the personal interest which his physician took in him.

With regard to the hallucinatory experiences, the patient states that they were the voices of various people, especially the girl he loved, which he heard in the noises of the street. He agreed with the psychiatrist that it was something like a tune which one hears in the noise of a moving train.

In this case we see a boy who from the beginning is impelled to concentrate the energy of his emotional conflicts in his intellectual functions. He is shy and feels alone in a crowd, does not get along well with other children but graduates from high school at the head of his class. He is worried about masturbation and tries to solve his problem alone by reading the Bible. Moreover his actual sexual attempts are of a distinctly investigatory nature. He tries many methods—a sort of research into the possibilities.

Due to the patient's extreme intellectualization of his conflict, it is difficult to get a complete picture of what is troubling him. In any case it is plain that he does not know what to do with his sexual impulses. He has been engaging in some sexual experimentation with another boy and now he is becoming increasingly worried about masturbation. Apparently his heterosexual impulses are still more disturbing to him for he chooses a girl at a distance, and in his psychosis dwells upon the purity of the medium through which he looks at her. One of the early acts of his psychosis—throwing away



his glasses and losing his paddle while canoeing—seems to be a symbolic castration.

Thus it is plain that the patient wishes to get rid of his sexuality. His intellectual activity is a partly successful attempt at sublimation, a substitute for and a defense against the emergence of impure sexual impulses.

But this is not the only significance of his compulsive intellectual activity. Still more important is the attempt at intellectual mastery of his emotional conflicts. As the patient himself tells us, he is seeking for a formula to solve not only the problems of the universe but also the problem of masturbation and his secret love affair. The mechanism is one described by Anna Freud<sup>2</sup> as characteristic of puberty—a displaced attempt to obtain intellectual mastery of one's own emotional conflicts by struggling to solve abstract philosophical problems.

In his psychosis he continues his attempts to master his emotional problems intellectually. The problem is to reconcile his sexual needs with the requirements of his conscience; but the conflict is too acute. The sexual urges are too intense to be quieted; the demands of conscience have become intensified as evidenced by his keeping a record of his masturbation and reducing its frequency. This results in that intense ambivalence towards seeing and knowing which is typical of the infantile sexual investigations. An irresistible fascination impels the child to look, but fear and horror impel him equally to turn away his eyes. Just so in our patient's psychosis, he throws away his glasses, he prefers not to see; but without eyes, he cannot find his way, his problem is insoluble. Symbolically he abandons the attempt to solve his own practical emotional problem, to 'paddle his own canoe'.

It would obviously be a mistake to conclude, however, that the urge to find a solution for his emotional problem has been quieted. On the contrary it forms the central motive power

<sup>2</sup> Freud, Anna: *The Ego and the Mechanisms of Defense*. London: The Hogarth Press, 1937.

for the patient's psychosis. The patient has indeed turned his eyes away from his own practical emotional problem, the problem of what to do with his sexual impulses; but the need to see, to solve a problem, is still intense. It has only been displaced into the realm of abstract thought. Instead of seeking a practical solution for his own emotional problem he seeks now an intellectual formula that will not only solve his problem of masturbation and his secret love affair, but will give him a key to the universe as well.

Thus in this psychosis, as in the previous one, we can see a struggle between two main dynamic trends in relation to a 'learning' process. His irritation with the boy in camp, his delusions of being poisoned, his demanding, rebellious behavior in the hospital and most significant of all, throwing away his glasses and losing the paddle of his canoe, are evidences of the acute frustration to be expected whenever an older method of gratification proves inadequate, and one which will endure until a new instinctual outlet can be found to replace it. Even more conspicuous in this case on the other hand, is the constructive impulse to solve the problem, an impulse whose significance is apt to be lost to us because it is partly displaced. The patient is trying to find in an intellectual formula a key to the problems of the universe instead of proceeding directly to the task of trying to find a way to reconcile his own conflicting impulses. Finally he does find an intellectual formula that satisfies him. The 'perfect unity' resulting from the sexual union between man and woman seems to him to be both the key to the universe and the solution for his own problem. His practical problem, however, is not yet solved and he continues restless and intellectually overactive for a period of some months.

Unfortunately we do not have the details of the process by which he returned to a more normal adjustment, but six or eight years later we learn that he has made a suitable adjustment in his work and apparently also in his sexual life. In his psychosis he had found relief in the thought that perfect unity resulting from the sexual union between man and

woman was the key to the universe. It sounds as though this were a premonition of his later practical solution of his sexual problem in normal heterosexual relations.

It would seem therefore that this man's psychosis was again merely an episode in the task that confronts every boy at puberty, that of tearing himself away from the dependence of childhood and finding the solution for his sexual needs in a normal heterosexual relationship.

The point that distinguishes this patient's method of finding a solution from that of many other patients is the fact that this patient had to first solve his problem in the abstract before he was able to solve it concretely in his own case. This, however, is a mechanism for solving problems in everyday life and we as scientists should be least of all surprised by it as it is indeed the very mechanism that gives rise to science itself. It is often easier to solve a practical problem in two steps. In the first we attempt to solve our problem in general terms without too specific reference to the way in which we are practically and emotionally involved in it. It is this step that gives rise to scientific thought as well as to the less fruitful philosophical attempts to solve the problems of the universe. Once a general solution has been found, however, the next step must be to apply it concretely to the original practical problem. When a patient becomes lost, as this one did for a time, in philosophical speculations, there is of course always the danger that he will not be able to find his way back to the practical solution of his own problem. This is why we are apt to look upon excessive intellectual speculation of the sort shown by this patient as a sign of hopeless psychotic involvement. In this case, however, the patient did find his way back, and his practical solution was in fact the very one indicated by his intellectual formula.

Upon the basis of our review of these two cases, we feel justified in formulating a few conclusions which are indeed not really new, but only old insights placed in a slightly different light.



(1) In attempting to estimate the probable outcome of a psychosis it is helpful to try to reconstruct the problem in adaptation which the psychosis is attempting to solve and then to estimate the possibilities for a successful solution in view of the actual life situation of the patient. Such an estimate is probably more important than the form of the psychosis as an index of prognosis.

The two patients described for example were involved in a problem of adaptation that is normal for puberty—that of tearing oneself away from the dependence of childhood and finding the solution for sexual needs in a normal heterosexual relationship. This is accomplished by a process of 'learning'.

(2) In relation to this process of adaptation or learning, it is possible and helpful to distinguish between two main dynamic trends:

- (a) reactions to the acute frustration which results from the fact that an old method of gratification must be abandoned and that a new one has not yet been found;
- (b) the constructive impulse to solve the problem of reconciling conflicting needs.

(3) It is easy to be too impressed with the destructive phenomena which are indeed apt to force themselves upon the attention of the psychiatrist because they are much more disturbing. In estimating these destructive tendencies it is important therefore to attempt to determine whether they represent the reaction to an acute but temporary frustration which will discharge itself, or whether they are giving rise to a vicious circle which leads to more and more frustration and thus makes recovery impossible.

(4) The constructive urge to find a solution is very apt to be overlooked because it is hidden behind the more conspicuous and disturbing destructive phenomena and may indeed find its expression in symbolism which seems at first to have a highly regressive character. Our first patient's delusion of being transformed into a snake that 'thrives on milk' is an excellent example of just such a bizarre and disguised expres-



sion of what is really the patient's first constructive impulse toward recovery.

All this may be summed up in the two propositions with which we started: (1) that an acute psychosis may be a transitional episode in the process of emancipation from an old method of adjustment and 'learning' a new one, and (2) that the mechanism of recovery from such a psychosis may be indicated in advance during the acute psychosis by the content of some of the delusions.

# THE REPETITIVE CORE OF NEUROSIS

BY LAWRENCE S. KUBIE (NEW YORK)

In science it often happens that various workers converge from different angles upon the same simple truth. The argument which I will present in this paper is a case in point because in recent years, psychiatrists, neurologists, endocrinologists, neurosurgeons, and psychoanalysts have all been groping towards a realization of the fact that the nuclear problem in the neurosis is the repetitiveness of its phenomena, and that the protean manifestations of this central neurotic process are relatively of secondary importance. Without precise formulation, this conviction has become the determining bias of most recent research in the field. The experimental use of the conditioned reflex, the chemical investigations of the physiologist, the search for endocrinological variants, the experimental scrutiny of hypothalamic influences on emotional and vegetative processes, and even the therapeutic experiments of the surgeon, all have sought to uncover a single general cause, a major *sine qua non*, of the neurotic state. Similarly, the psychoanalyst has looked for a unifying dynamic psychological principle, a basic pattern of unconscious psychic stress. For some reason, however, the analyst often is criticized by his nonanalytical colleagues for ascribing importance to these constants. This is strange, since a similar purpose infuses the researches of his critics. No one objects to the idea that one law of gravitation is the ultimate explanation of every fall, no matter how varied the special circumstances. Our purpose in this discussion is to seek a clearer formulation of a goal towards which so many different workers are striving.

The argument presented here was foreshadowed in my recent paper on A Critical Analysis of the Concept of a Repetition Compulsion (8). In that paper, objections were raised to Freud's concept of a specific repetition compulsion. It was

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pointed out that *repetitiveness* is the essence not only of all neurotic manifestations but also of all instinctual activity of any kind; and that in so far as instinctual biological forces are the source of all psychological processes, these psychological processes must bear the imprint of instinctual repetitions and must themselves be repetitive even normally. Recently, Dr. Ives Hendrick of Boston read before the New York Psychoanalytic Society a still unpublished paper, *Instinct and the Ego During Infancy*. In this, he stated that the physiological maturation of the sensorimotor and intellectual apparatus involves a repetitiveness which is 'a quality which characterizes life, and indeed all biological phenomena, and is implicit in the psychoanalytic concept of instincts as the source of recurrent tension and its gratification as tension release'. Hendrick referred to a similar study, also unpublished, by Dr. John Abbott of Boston.

Our argument can be reduced to a few simple statements: (1) All psychological phenomena are, and must be by their very nature, repetitive. (2) All neurotic phenomena are a distortion of this normal and inevitable repetitiveness of all psychology. (3) Therefore all neuroses, no matter what specific symptoms they may present, on careful dissection are found to be obligatory repetitions in which the distorted repetitive mechanism has for special reasons singled out now one and now another manifestation for repetitive emphasis. (4) The so called obsessional or compulsion neurosis and the perversions as well, are merely special cases of this neurotic distortion of normal repetitiveness. (5) Therefore we may have to revise our analytical conceptions of the dynamic mechanisms which are specific for obsessional symptomatology and for the obsessional character since these become merely special examples of a more general process.<sup>1</sup>

<sup>1</sup> For instance, just as a *phobic state* and an *insatiation* may be manifestations of the same process, operating at opposite poles, so the obsessional character and the hysterical character are both manifestations of an obligatory and repetitive mechanism focused on opposite aspects of the same conflicts. The feature of the obsessional-compulsive state which demarcates it from other neuroses is not the obligatory repetition but the conscious awareness of the repetitive drive.

### *Physiological Basis*

Underlying the repetitiveness of all normal thought and behavior is the organization of the central nervous system, in which the only wholly nonrepetitive function is a simple reflex arc whose stimulus is fully and adequately discharged through a single unconditional response. However, the passive stretching of antagonistic muscles sends volleys of afferent impulses which, even when they are inadequate to produce a new external response, set up waves of internal excitation. Therefore, where any part of an initial stimulus is left undischarged, or where the response itself initiates a stimuli, we have a physiological mechanism for continuing and sustained responses. These may move in closed or open circuits (6), as has been subject to careful investigation through the electroencephalogram. This offers a neutral basis for continuing responses; and wherever the form of this continuing response is predetermined by previous experience, we have the basis for a restricted repetitiveness in human behavior.

### *Normal Repetitiveness in Psychic Life*

Normal repetitiveness is an evolving process which can be followed from an early age. It is doubtful that it is manifested before birth. After birth, repetitions are first seen only in the simpler automatic functions, such as breathing, sucking, urinating, and defæcating. Later they appear in those more complex coördinations between vegetative and somatic muscular activity which are learned slowly. However the difference between the simpler automatic functions and the later functions is one of degree only. The learning process always depends upon repetitions; and recent investigations by Gesell and others (5) indicate that all postnatal activities of the child show a learning curve. This is true even of breathing and sucking; although the learning curve is rapid and relatively constant for the simple automatic, vegetative functions, and becomes progressively more gradual and more varied in the functions which involve somatic musculature.

Furthermore, even after a new function has been learned,

repetition must continue. Sucking is achieved not by one great swallow, but by repeated small swallows. One breathes not once, but incessantly. To walk means not to take one step, but many. To quote from the article referred to above (8), 'There is no instinct in the life of man which manifests itself only once and then forever disappears. . . . The animal that would never try more than once soon would die. Repetition of effort, therefore, is inherent in living; and we must take this for granted in all libidinal activities.'

Repetition of effort begins in an infant before it becomes possible for it to envisage the goal of its acts. Even when it cries and struggles in a state of physiological hunger, we would not be justified in saying that it experiences hunger if by those words we mean anything comparable to an adult's psychological experience of an instinct with a conscious goal. All that we can accurately say of the infant is that it struggles because it is in a state of diffuse tension and that if as a result of its random cries and activities its tension is relieved (i.e., if it is fed, or its excretory functions operate with a mass automatic discharge, or some painful stimulus is removed) then its random efforts cease.

Such random explosive efforts, by repetition gradually find more economical forms, until finally they are directed specifically towards appropriate goals. In short, through repetitions and rewards, the infant acquires rudimentary skills. These skills are of two orders: first, skills in satisfying those needs which the infant can take care of for itself; second, skills in the rudimentary language by which the infant learns to summon aid and to indicate its needs. The acquisition of these skills depends upon endless but flexible and normal repetitions.

At this point a critical new phase occurs in the evolution of the repetitive process. The infant begins to use each new skill for secondary purposes of increasing complexity. Its initial value had been simply to secure relief from a state of instinctual tension. Gradually, however, more subtle uses become increasingly important. For example, the exercise of the skill becomes an expression of delight and triumph at its mastery.



The child who has recently learned to walk does not use its walking merely in order to reach an object that it wants. It is obvious that the child crows as it walks from pure delight in the fact that it can walk. It is not always equally evident that a similar delight in the exercise of functions develops as the child learns to master the simpler vegetative processes of eating and of excreting; or that the newly learned act becomes an instrument of power. The child who has learned to toss its toy out of its carriage has also learned that it brings its mother or the invisible adult behind it into its field of vision. Thus it commands their presence. It is small wonder that the infant persists even in the face of punishment. In the same way every new skill becomes a language weighted with a steady accretion of secondary and largely unconscious meanings.

Perhaps the most important secondary meaning expressed in the repetition of acquired skills, is their use as a wordless appeal for love, praise, or help, and as an expression of unformulated yearnings and wishes. These uses acquire a preëminence in emotional development, precisely because they most often encounter frustration. As a result of such frustration, an act which had originally been used directly for pleasure, then successively as an appeal for praise and love, to express triumph, to exercise mastery—ultimately may be used as an expression of defiance and rage which in turn links it finally but inevitably to terror and depression.

This whole story can be traced in so simple a matter as the evolution of the human infant's ability to make noises in its throat. At first it does not *use* this at all. Rather it produces sounds by accident, in random, involuntary explosions under the pressure of states of instinctual tension. Then it learns to turn this on and off at will, so that for the first time one can say accurately that the child uses it. It *uses* sounds for appeals, to crow with delight, to command and to threaten, and in explosions of outraged feelings. Such feelings begin in rage but end in terror, as unresolvable tensions drive it regressively and uncontrollably back to its starting point. In an infant's microcosm, we see how within a few minutes one and the same act

may be used by the child to express the whole range of human feelings—a single act acquiring the full charge of several conflicting meanings.

This is the picture of events in the normal life of a normal child. It is not justifiable to call any of it neurotic, not even the ultimate regressive tantrum or the consequent terror. Certainly the child's demands are not themselves neurotic, even when as adults we know that they cannot possibly be fulfilled; nor are its emotional reactions in any sense neurotic, nor its anger at frustration, nor its fear of punishment, nor the feelings of guilt. Rather would it be neurotic, if not defective, for any hypothetical infant to lack such feelings. At what point then, may we characterize this whole process as having become in a recognizable and enduring sense neurotic?

The answer is so obvious that I almost hesitate to give it: clearly, it is when repetition of any one of these acts becomes something which the individual cannot stop of his own accord, from which he cannot be distracted by substituted gratifications, and from which he cannot be dissuaded by rewards or punishments. At this point, the flexible repetitiveness which is an inescapable part of the life of the normally developing child becomes its first rigid and inflexible neurosis. It becomes our task, therefore, to explain how and when this primary neurotic shift occurs.

### *Possible Role of Organic Forces*

First we must ask whether there is any evidence that organic constitutional forces may play any rôle in this ominous shift. Do infants and young children vary in their predilection towards this change? This is a point of great importance in psychiatry, but for answering it only fragmentary bits of evidence exist.

Recently Brickner (1) (2) reported that during operation under local anesthesia, electrical stimulation of a certain area in the human brain can cause perseveration in speech. Some clinical observations by Freeman and Watts (4) on patients sub-

jected to lobotomy yield comparable evidence.<sup>2</sup> Experimental work on monkeys which has been done in New Haven has shown that stimulation or ablation of certain cortical zones in monkeys may lead to perseverating acts. Similar observations have been made on human beings after head trauma, with brain tumors, with chronic encephalitis, and with epilepsy. All of these indubitable facts indicate that the brain is so organized as to offer a physiological substratum for automatic repetitiveness both of fragments of behavior and of more complex patterns of behavior. However, just because there is an organic mechanism for simple and complex perseveration does not mean that all repetitions are organic perseverations any more than all hysterical tremors are manifestations of an organic clonus. The reflex arc which subserves the knee jerk plays a rôle in walking and in all other uses of the legs; but psychogenic forces can cause hysterical ataxias nonetheless.

Nor have we as yet any evidence for congenital differences in the organization of the brain (such for instance, as differences in relative hemispherical dominance) which might conceivably make one individual more prone than another to repetitive manifestations. This, too, would be a problem well worth studying in relation to handedness, eyedness, footedness, and the acquisition of language habits in early infancy. For the present however, we must merely accept the evidence that the brain possesses a mechanism which can subserve this function of repetition, without knowing whether or not congenital or pathological variations in this mechanism determine in any degree the incidence either in early years or in adult life of irresistible and obligatory neurotic repetitiveness.

In the absence then, of any final organic information we must consider whether it is possible to explain how normal repeti-

<sup>2</sup> Freeman and Watts (4a) have reported that after frontal lobotomies, severe compulsive activities may disappear, leaving behind a trail of obsessional ideation which seems to fade out more slowly. It is clear that this phenomenon must be closely related to the problem under discussion here, as well as to other aspects of the relationship between action and fantasy. In the present state of our knowledge it would be premature to speculate about this relationship.



tiveness can become abnormally irresistible through the influence of psychological forces alone, that is, through the experiences of the infant and child.

### *The Pathological Distortion of Normal Repetitiveness*

Except for the period in infancy during which a new fragment of behavior is being learned, and then during that brief subsequent period during which its acquisition is being celebrated by repetitive display of the new accomplishment, it is impossible to think of persistent repetition without some measure of persistent struggle. A gratified demand slumbers until the recurrent tides of the body's physiological needs recreate the demand anew. Therefore, one is justified in saying that the manifestations even of *normal* repetitiveness arise from the recurrence of ungratified demands; in other words, when an instinctual demand encounters delay or ultimate frustration.

To such an experience the child's inevitable reaction must at first be to try again, to restate its tension and need by whatever method of expression it has learned to use. If repeated statements of the need by word or act meet with no success, slight modifications will gradually be introduced. With failure still persisting, the final unchecked outcome will be either a diffuse inhibition leading to sleep, or a tantrum. But this still is not a neurosis. This is the rudimentary preneurotic affective disturbance which can also be produced experimentally in animals by the use of the conditioned reflex.<sup>3</sup> In a child, however, such tantrums are not allowed to go unchecked, no matter how justified they seem to the protesting child. They are met with punishments, or at the least with displeasure and counterthreats, so that ultimately this way of expressing frustration is no longer freely available to the child. When the adult is gentle, the protesting energy is obstructed by a guilty fear of losing the adult's loving tenderness; when the adult reacts with violent displeasure and severe punishments, by an

<sup>3</sup> It is important to understand as I stated in a recent article (7), and contrary to what is claimed, that the so called 'experimental neurosis' is not a true neurosis in the human sense, but this preneurotic affect repetition.

angrier fear of retaliation. In this way there are laid down deep-seated feelings of guilt, fears of retaliation, and hatred, and in turn, additional guilt and fear from the hatred itself. What can be the fate of the unsatisfied need which had originally been expressed in a simple repetitive fashion, but which now is blocked? *Clearly a state of internal conflict has been created which can no longer be discharged adequately in any way.* From this point, nothing can occur except the repetition of substitutive ways of asking for the same thing, ways which with the help of repression become sufficiently disguised to discharge in some measure the pent up yearnings and tensions of the child, without at the same time incurring too much overt displeasure from the adult. The repetition of one act thus becomes to the child the only safe and permissible expression of several things at once: original yearning; anger at its frustration; guilt both for the yearning and the rage; fear both of retaliation and of its own deep resentments. It becomes the *only possible compromise expression of all that the child feels*, and because it draws its energies from every available source, because it expresses *every* conflicting tension, it becomes irresistible to the child and uncontrollable by its parents and educators. And when a repetition thus becomes irresistible, it becomes a neurosis.

A simple example may clarify this point. For hours on end, with every sign of pleasure, and under the impulsion of some inarticulate need, a child places a ball in a box and takes it out again, showing delight in its skill, appealing for applause, defying authority which seeks to divert it to its nap. Under increasing stress, however, the child may develop a compromise act which neither puts the ball in nor takes it out, neither continuing the act fully nor wholly relinquishing it. It may, for instance, keep both objects clutched in its hands under a pillow, or under its body until it falls asleep painfully and uncomfortably on top of them. Such a compromise is a rudimentary example of the dilemmas and of the compromises which gives rise to irresistible repetitions.

### *Multiple Pairs of Opposites*

Among adults one finds that every neurotic symptom expresses several pairs of antithetical and irreconcilable purposes: a demand and its surrender, angry defiance and fearful submission, self-vindication and a confession of guilt. This is why the analytic explanation of any symptom, as of a dream, always includes pairs of opposites which are apparently inconsistent and paradoxical; and what is more important, this is why the repetition of the symptom is uncontrollable, because in fact there is never an adequate dynamic or 'economic' cause for stopping. If a symptom expresses both defiance and submission, when the patient for a moment gives up his defiance, the symptom appears to express his submission; and when he stops momentarily his submissiveness, the symptom appears to express his defiance.

With this in mind, it is easy to see why all neurotic activity is in a sense a civilized expression of a temper tantrum—and why for many years the analyst has emphasized the close relationship between anger (or sadism) and the neurotic character. Here, too, one finds the explanation of the obsessional quality of infatuation on the one hand, and on the other of vengeance and of feuds.

### *The Sequence from Compulsion to Obsession*

Up to this point we have spoken chiefly of obligatory acts because a compulsive state is the first unmistakable neurosis of childhood. This is because the infant's first conflicts always seem to it to be waged against the external world. Even when its demands are fantastic and physically or physiologically impossible to gratify, as they often are, the deprivation is indistinguishable from a parent's arbitrary 'No'. The first conflicts, therefore, can only be external and their expression must perforce be externalized. In other words, the symptomatic expression of the conflict with the external world represents both the things which the child cannot do and the people who seem to prevent its doing them. Therefore, the expression of the conflict



must be in the external form of an obligatory act which thus becomes as we have seen a sign language of great complexity.

At a later stage, the child lives through many of its experiences in fantasy. In fantasy it achieves triumphs, overcomes obstacles, and overpowers imaginary adversaries. Simultaneously, in its struggles to win harmony with its environment, it assimilates that environment, making it a part of its own inner functions; so that automatically and unconsciously it comes to represent within itself its very adversaries. When this phase is reached, the conflict ceases to be purely external, but becomes internal as well—an inner battle between desire on the one hand, and guilt and fear on the other. Thereupon, the obligatory acts are either replaced by or accompanied by obligatory thinking and feeling. In the beginning, instincts seem to struggle against the outer world alone and the struggle is expressed in compulsions. Later, to this struggle is added the battle between instincts and an inner world of dim conscience or secret fears, whereupon the conflict must be expressed in obsessions. It is inconceivable that these events could occur in any other sequence since, as is well known, internal guilt and fear have to be learned through conflict with external authority.

It should be borne in mind that with the acquisition of the power of abstract thought and fantasy, the natural repetitive tendencies both of normal and of pathological phenomena are increased immeasurably. A hungry man thinks of his hunger not only once but repeatedly, until his attention is distracted or his appetite appeased. He thinks as he dreams, with repeated efforts to mitigate in fantasy the limitations of reality. This is because thought and fantasy can serve only as indirect paths to instinctual goals, substitutes for the real gratification. They cannot bring the satiation that reality itself can offer, and they leave unsatisfied the basic yearnings which gave rise to the fantasy. It is for this reason that the processes of thought and feelings are the most repetitive of all. Certainly to think of a meal is not the same thing as to eat one. No hungry child or adult has ever dreamed himself into a postprandial Sunday nap. And

what is more, the fantasy of turkey and cranberry sauce which may arise in an effort to appease the appetite, merely serves to whet the craving it is attempting to quiet. Like all substitutive symptom formations, fantasy adds fuel to the fires it is supposed to quench, and kindles expectations which it cannot gratify. Therefore, it increases the repetitive tendency. Only during the actual moment of fantasy is there a passing illusion of relief, followed at once by a sharpened sense of deprivation and an increased yearning. This in turn gives rise to fresh fantasies, as long as the biologically fulfilling gratification is unattainable.<sup>4</sup>

Thus the neurotic process would seem to begin with obligatory acts which soon are accompanied by obligatory ideas and feelings. We know from everyday nursery experience that early infancy is punctuated by an eruption of many transient neurotic episodes of this kind. We have seen that the child's primitive state of diffuse instinctual tension gradually becomes sorted out into different kinds of tension which in turn can be discharged and relieved in different ways. It can move, look, open and close its eyes, play with its fingers and toes; it can make a variety of noises, evacuate and void, eat and drink. All of this it does freely, spontaneously, in varied and repeated patterns, for the gratification of its needs. When not satisfying instinctual needs, it plays them out in the speechless, wordless sign language of which the infant is capable. As one watches the infant at this play, however, one will see that from time to time certain acts become stereotyped. For some obscure reason the continuously varying flow of activity will cease, and for a minute, or an hour, or a day, or more, it will perform the same act over and over without the relaxed pleasure shown during periods of freer and more varied activity. Instead it now 'plays' with the earnest, rigid intensity which characterizes neurotic phenomena.

<sup>4</sup> Patients not infrequently describe this experience themselves, as they become more sophisticated in watching their own neurotic symptoms. They become aware that even their most painful neurotic symptoms give a transient and illusory sense of relief during the moment in which the symptom is having full play, immediately followed by an intensification of pain, longing and despair.

*The Focus of the Repetition and the Choice of Neurosis*

This perhaps is the most rudimentary form of neurosis which it is possible to observe in childhood. The infant who for hours persists in dropping its toy out of the crib is a typical example. Many more serious manifestations occur which are nonetheless of the same nature: the child who plucks out its hair, the head-bumper, the bed-wetter, the child who eats dirt, develops tics, etc. Some of these obligatory acts are directed towards external objects, some towards the child's own body, and some towards the bodies of others. Some are clearly substitutive. Some are efforts at direct instinctual gratification, such as the drive to peep, touch, suck, masturbate, and the like. These too can become irresistibly repetitive impulses.

It is evident therefore, that the obligatory, repetitive mechanism we have described can attach itself to one or more of three aspects of any conflict: (1) directly to libidinal activities, (2) to various indirect representatives of these, or (3) to the emotional reactions to the conflict. Which alternative occurs will inevitably color all later symptomatology. It is probable that repetitive activity which is directly libidinal creates especially difficult emotional situations for the child because such activity invites drastic censure and punishment, and is fertile ground for overwhelming guilt and anxiety. It is evident however that these are secondary consequences of the particular aspect of the conflict which the repetitive process seizes upon. In other words, the choice of the neurosis depends upon those secondary forces which determine the focus of the repetitive process.

This focusing of the repetitive process on one or another phase of instinctual development, or on one or another aspect of the body, may coincide entirely with that which has always been called 'fixation'. If this is true, then the concept of fixation is merely a description of one of the inevitable results of this obligatory repetitive process. In no sense then could fixation be used as an explanation of the phenomenon or of its consequences.

It makes a profound difference at what phase in the evolution



of the personality the obligatory manifestations first appear: when in the development of the child's instinctual life; with what instinctual needs they are concerned; on what areas of the body and towards what individuals they are directed. All of these facts determine the symptomatic details of the ultimate neurosis.

Another issue which plays a rôle in determining the final symptom picture, is the relationship between infantile obsessions and early delusions. In early infancy and childhood the boundary between obsessional and delusional ideas is not clear, which is why at this stage the boundary-line between neurosis and psychosis is uncertain. This has an important bearing on the later evolution of illness but it cannot be fully discussed in this paper. It may be more useful rather to stress once more the fact that all neuroses are in essence states of obligatory repetition. This is as true of the patient who complains of insistent neurotic headaches as of the patient who feels that he must count the books on his bookshelves, or who must think a certain thought as he enters his office; furthermore, the patient who has repeated hysterical attacks acts under an obligatory necessity just as surely as does the man who has to wash his hands incessantly. The patient who complains of fear of walking on the street, or of a terror of high places, or who suffers from recurring fears of heart failure or of syphilis is certainly as inexorably repetitive as the woman who must think through the catechism five times before turning out her light. The pervert likewise suffers from such a necessity.

Brickner and Kubie (3) have observed that the fact that all states of neurotic symptomatology involve a form of substitutive gratification which never gratifies has long been known, but the full significance of the fact has been overlooked. If a symptom ever gratified the neurotic need fully, such a need obviously would disappear, and every such neurosis would be self-healing and therefore would never come under clinical observation. It is conceivable, hypothetically at least, that such neuroses occur; but we have an opportunity as physicians to investigate only those neuroses which persist. Therefore, from

the practical viewpoint of physicians, we must conclude that no neurotic demands about which we know anything are ever adequately satisfied by neurotic behavior, and that all such demands must therefore continue to assert themselves repetitively in one way or another as long as the underlying need remains.

The importance of this would seem to be more than terminological. If the core of the whole problem of the neurosis is its repetitiveness, then until we can resolve this aspect of the symptomatology we remain therapeutically impotent. This may well be one reason why in analysis we so frequently can resolve special symptoms without relieving the neurotic structure that underlies the whole personality. It may also account for the 'negative therapeutic reaction' in which one finds that the relief of a symptom is followed by some more serious disturbance. In such a situation I have had an opportunity to see that both the 'cured' symptom and its substitute were the expressions of an identical underlying repetitive mechanism, but that the original symptom had been less distressing than the one which the patient had been forced to resort to when therapeutic efforts had deprived him of the first.

This should not be understood as stating that the specific symptoms with which the patient comes for treatment are of no importance. They make profound practical differences in patients' lives, and they confront us with a challenge to understand those secondary and tertiary experiences which determine the particular paths into which the repetitive mechanism is channeled. It means merely that the uniformity of the basic picture of the neurotic process (to wit, the instinctual demand hampered by unavoidable frustration, converted into anger, choked off from adequate emotional discharge by guilt and fear, culminating in irresistibly tenacious, disguised and repetitive expression) indicates that all neuroses are obligatory repetitive states whether their presenting manifestations are special symptomatic acts, general psychopathic behavior, specific thoughts, diffuse panics, fears which occur in special situations, mood states, or physical complaints.

*Significance of this Point of View to Nosology*

Psychoanalysts began their studies of the neuroses with the classifications which were at hand. They could not do otherwise. But for years now they have been struggling uncomfortably with the fact that under analysis every neurosis turns out to be something which is usually spoken of as 'a mixed neurosis'. No matter whether the analysis begins with an anxiety state, a hypochondriasis, a neurotic depression, or a neurotic character, ultimately the analysis finds itself confronting a rigid, compulsive obsessional condition. What has here been attempted is an explanation of why this is true, and why this forces on us a revision of the classification of the neuroses.

However, before discussing this revision, it is necessary to relate this point of view to the classical formula for the etiology of the neurosis, and to the problem of trauma.

With regard to the first, it should be apparent that the etiological storm center remains unchanged. Neurosis arises out of the interplay between basic biological drives, their inevitable frustrations, and the resulting repercussions of rage, guilt and terror. These manifestations, however, do not of themselves constitute the neurosis and this is where the shift in emphasis occurs. The neurotic process is viewed rather as a pathological distortion of repetitive processes which in and of themselves are basically normal and ubiquitous in human psychology. As a result of this pathological change, the repetitiveness becomes obligatory as it focuses on one or on several aspects of the original conflict. That is, it may focus upon the impulse itself (thus giving rise to a perversion), on any of the various affects generated in the conflict (giving rise to the affective disorders), or on a wide variety of substitutive or reaction-formations—that is, on symbolic acts and thoughts which come to represent both the struggle and the patient's unconscious protests (giving rise to the 'psychoneuroses'). The libido theory, the genetic point of view, is modified but not discarded in this formulation.

Nor is the rôle of the 'traumatic incident' in the production of neuroses essentially changed. From the point of view

expressed in this paper, the possibility that a neurosis may be initiated by an overwhelming emotional experience of terror, excitement or rage is not excluded. We have seen that early emotional life consists of a constant effort to resolve the conflict between the pressure of instinctual demands and the difficulties of gratifying them. In addition to the fact that many of these demands are inherently ungratifiable, there are other difficulties such as physical obstacles, human obstacles, human anger, and the consequent fears of injury and retaliation, along with hampering feelings of guilt. Specific episodes of sudden overwhelming intensity can energize any one of these emotional forces. They can whip up the intensity of the instinctual demands. They can add immeasurably to the terrors and guilts. And they can fortify the rage. Furthermore, the same episode can do any one or several of these things together. In short, the traumatic episode merely precipitates in a sudden cataclysmic moment the same emotional forces that, under ordinary circumstances, operate slowly and gradually. It is the difference between a tidal wave and the slow dripping of water that wears away stone. It is a difference of sudden intensity but not of kind. For this reason I do not believe that any basically different forces are at work in the traumatic neuroses, and what clinical experiences I have had with this type of illness confirms me in this theoretical expectation.

Finally, I would like tentatively to outline a possible basis for a reclassification of the neuroses.

As already indicated, the principle underlying the classification is that the essential repetitive process can, under certain circumstances, focus primarily upon any one of the three basic components of any total psychopathological state: (1) on some forbidden instinctual drive to produce perversions; (2) on the emotional reactions to the conflict; (3) upon a constellation of symptoms such as compulsions, obsessions, hysterical reactions, hypochondriacal states, phobias and the like. In no case does one see the repetitive process manifesting itself in any one of these alone. Therefore although a patient may exhibit any one aspect more or less continuously, either or both of the



other two will be in evidence intermittently. Thus perversions (the focus on the instinctual trends) may be constantly manifested, intermittently manifested, or constantly masked. Emotional states may be continuously in evidence, intermittently manifested, or completely blotted out of the picture. And the same three possibilities exist for all of the usual psychoneurotic symptom formations. A sound clinical classification of the neuroses must therefore take into consideration the relative rôles of these three basic elements in the total reaction. No classification based solely upon the presence or absence of a specific psychoneurotic symptom can possibly be adequate since these are relatively unimportant details in the illness. The three main groups would then be: (1) cases in which mood disturbances are incessantly and continuously manifested; (2) those in which perversions play the dominant rôle in the clinical picture; (3) those in which the secondary psychoneurotic symptoms are the continuous manifestations of illness. In turn, each of these major groups would be subdivided according to the rôle which the other two components play in the total picture since no one of them ever is seen alone. The chart on the opposite page perhaps makes this point of view clearer.

Ultimately we will have to add to this a consideration of the position of delusions because all of these psychoneurotic disturbances occur in the psychoses as well, a fact which is often overlooked. No psychosis exists without neurosis, and psychosis might in fact be best defined as a neurosis plus a disturbance in basic reality relationships—a neurosis plus some measure of latent or overt delusion formation.

### *Summary*

At this point I find myself in a rather strange position. One year ago I made a critical analysis of Freud's concept of the repetition compulsion, and of the uses to which it has been put by many different writers. In that study I reached the conclusion that I could find no evidence for the existence of such a compulsion to repeat, whether in Freud's sense, or in the conflicting senses in which it had been used by others. Now, one

year later, I find myself reasoning that an irresistible repetitiveness is the very core of all neurotic processes. Certainly this must seem like a retraction of my previous position; yet I do not believe that it is so.

	MANIFESTED CONTINUOUSLY	MANIFESTED INTERMITTENTLY OR ALTERNATINGLY	MASKED CONTINUOUSLY	Subgroup
Group I	Frank Moods (anxiety) (anger) (depression) (elation)	Perversions	Psychoneurotic Symptoms	A
		Psychoneurotic Symptoms	Perversions	B
Group II	The various constel- lations of Psycho- neurotic Symp- toms.	Perversions	Moods	A
		Moods	Perversions	B
Group III	Perversions	Moods	Psychoneurotic Symptoms	A
		Psychoneurotic Symptoms	Moods	B

This apparent contradiction is resolved if we clear away certain ambiguities in terminology, and keep in mind the difference in the goal which I have in mind from that which instigated Freud's formulation. The ambiguities arise through an unfortunate misuse of the word *compulsion*. This is an old term borrowed from descriptive psychiatry where it characterized a limited form of neurotic symptomatology in which some act or idea was felt consciously as a compelling necessity and was unwillingly repeated. For descriptive purposes this is use-

ful, but it obscures the fact that all neurotic symptomatology, and in fact all psychotic symptoms as well, are irresistibly and in most instances unwillingly repetitive. In no sense, therefore, can this obligatory repetitiveness be looked upon as an isolating or differentiating characteristic of a special group of neuroses. The obsessive compulsive states are only a minor subgrouping of neurotic states, one in which the universal obligatory drive happens for special reasons to be experienced as a conscious pressure. A nosological group must be differentiated not by that which it has *in common* with all other neuroses (in this case irresistible repetitiveness), but rather by any peculiar and special features it may have.

If we understand the basic repetitive process, then to explain specifically the compulsion neurosis we need only explain why the compulsion is here experienced consciously. Any effort to explain the compulsion neurosis by that which it shares with all other neuroses is foredoomed to fail; yet that is precisely what our analytic theories have attempted.

When psychoanalysis took over from psychiatry the imperfect descriptive term, compulsion neurosis, it expanded it to describe a recognizable character type which it called the 'compulsive character' in which no such consciousness of compelling drives is experienced, as if to imply that there could be a character or personality type which was not made up of obligatory patterns of repetitive behavior; as though all character structure was not inevitably obligatory, whether normal or pathological. Here again, partly through the obscurity of thought which results from the cloudy misuse of terms, we have been led to make the fruitless effort to explain the attributes of a special case by those features which it has in common with all others.

In his concept of the repetition compulsion, Freud was certainly grappling with this basic problem of blind and painful repetitiveness in human behavior. However, because of certain previous theoretical constructions of whose validity he at that time was convinced, he had to link his explanation to the concepts of masochism and the death instincts, and to view all such repetitions as a special manifestation of this compulsive

mechanism and as analogous to the symptomatic repetitions of the compulsive states. In contrast to Freud's theory, this effort to solve the same dilemma views the manifestation of an irresistible and unwilling repetition as the basic pathological change which underlies all abnormal psychological processes, and not as the manifestation of any one group of instincts, nor as the special manifestation of a superinstinctual biological process which goes beyond the pleasure principle. It is rather a process of distortion of that principle.

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# CO-CONSCIOUS MENTATION

BY C. P. OBERNDORF (NEW YORK)

The study of co-conscious mentation and alternating personality resumes a line of investigation so often presented before the American Neurological Association by one of its most distinguished members, the late Dr. Morton Prince. The psychological mechanisms in the cases to be reported have certain aspects in common with the separation of one segment or one activity of the personality from an intact remainder, such as have been presented by me in studies on feelings of unreality and depersonalization.<sup>1</sup> Generally, co-conscious mentation occurs in patients in whom unreality, the absence of emotion and emotional deadness are also prominent complaints.

Dr. Prince's extensive and careful studies of co-current mentation, dissociation and multiple personality are among the outstanding contributions to American psychiatry during the first quarter of this century. Influenced by his approach many reports of cases of dual personality, automatic writing and functional amnesias were published from 1895 to 1910. The advent to America in 1906 of psychoanalysis with its relatively simple concepts of horizontal levels of consciousness, its charted technique, its dynamic correlations and, above all, its therapeutic efficacy, temporarily diverted the attention of American psychiatrists from Prince's work.

To explain personality dissociation Dr. Prince frequently resorted to the term 'coconscious'. However, examination of Prince's writings indicates that his own concept of the term coconscious varied from time to time. Generally Prince limits the term to 'definite states of coconsciousness—a coexisting

Based on papers presented before the American Neurological Association, June 4th, 1937, Atlantic City, and the American Psychoanalytic Association, May 10th, 1939, Chicago.

<sup>1</sup> Oberndorf, C. P.: *A Theory of Depersonalization*. Transactions of American Neurological Association, 1933. Also, *On Retaining the Sense of Reality in States of Depersonalization*. Int. J. Ps., XX, 1939, pp. 139-147.

dissociated consciousness or coconsciousness of which the personal consciousness is not aware, that is, of which it is unconscious'. Similarly, in a study of multiple personality, he mentions that when 'A became amnesic for her alternating life as B, the latter, B, continued during the A phase; or, in other words, the coconscious life was a continuation of the B alternating life after the change took place to A, but the latter was unaware of it'.<sup>2</sup> Prince's usual concept of coconsciousness is essentially the foreconscious, and at times even the unconscious of Freud.

Anita Mühl,<sup>3</sup> in a paper on automatic writing, defines co-conscious as that 'fringe of awareness which slopes into the Paraconscious. If the ideas and images of the Paraconscious are dormant then we have a state which was formerly described as the fore-conscious and the sub-conscious; if the ideas and images are active and independent then we have a state which has been called the Co-conscious.' Mühl utilizes the freudian mechanism of repression to explain Paraconsciousness and points out that the formation of secondary personalities involves two factors—a dissociation of the primary personality and a secondary reassociation.

The study of several cases in which feelings of unreality played a great rôle has led me to the conclusion that there exist forms of co-conscious mentation which are not unconscious but actively Paraconscious, in the sense of the second type indicated by Mühl. By the term co-conscious I wish to convey the concept of two streams of contemporaneous, conscious mentation, not necessarily flowing in the same direction or concerned with the same topic. Each of these streams of co-conscious thought may be subject to unconscious influences. The consciousness of each stream of thought for the other is probably achieved through tangential impulses from one current to the other in their flow.

Co-conscious or co-foreconscious mentation as a normal

<sup>2</sup> Prince, Morton: *The Unconscious*. New York: The Macmillan Company, 1929, p. 249.

<sup>3</sup> Mühl, Anita M.: *J. of Abnormal Psychol.*, XVII, 1922-23, pp. 164 and 168.

phenomenon has been experienced by most people. For example, one simultaneously may listen to a lecture, register and retain at least part of its content, plan a discussion of the topic and also notice critically the reaction of the audience. Such normal co-conscious mentation remains firmly under the control of the main stream of consciousness and the secondary or tertiary co-conscious activity can be terminated at will.

Downey and Anderson in 1915 (quoted by Mühl) showed that a person could read, write or calculate consciously and could at the same time produce records automatically from the Paraconscious thus demonstrating that two or more streams of thought could flow simultaneously. More recently, Erickson's<sup>4</sup> experiment with automatic writing and drawing indicates the possibility of direct contemporaneous expression of two trains of thought—one conscious and verbal, the other automatic.

Pathologically, co-conscious mentation occurs as an involuntary, uncontrollable mental activity, synchronous with but secondary to the primary mental activity. It is not only uncontrollable but also assumes an obsessive character. Co-conscious mentation differs from the usual forms of obsession in that the compulsion is not limited to one stream of thought engaged in thinking about one or a series of relatively purposeless acts. Its obsessive activity involves thinking itself, and may be associated with erotization of thought. Such erotization generally invests the secondary co-conscious stream but is not necessarily confined to it alone.

Co-conscious mentation may appear in three forms or variations: (1) in its simplest form, it may be present as a concomitant, repetitive registration, the content of which is seemingly irrelevant and meaningless; (2) it may assume a commenting, critical, allusive function towards the content of the intentional thought flow; (3) it may concern itself with thinking about topics unrelated to the primary thought. One

<sup>4</sup> Erickson, Milton and Kubie, Lawrence S.: *The Use of Automatic Drawing in the Interpretation and Relief of a State of Acute Obsessional Depression*. This QUARTERLY, VII, 1938, p. 448.

patient said that from time to time he had experienced each of these forms, although the critical type was by far the most constant in his case. It is apparent that co-conscious mentation may become an impediment to the registration and interpretation of the primary subject matter and a cause of great irritation since it cannot be stopped at will. Some patients find that it becomes aggravated by concern over immediate personal dilemmas or by fatigue.

The origin of the secondary train of thought, its association with critical conscience (superego), its protective value in the psychic economy against guilt and anxiety will now be considered.

In *A Theory of Depersonalization*,<sup>5</sup> I sought to demonstrate that the form of dissociation known as depersonalization depended primarily upon the type of superego which dominates the ego. In the synthetic development of a personality a working harmony must be achieved by ego ideals (superego) and the psychological ego with the physiological body (sex) structure. Through selective identification during the years of personality synthesis a masculine superego may gradually be developed in a feminine body ego and vice versa. Then, if in the years after adolescence, there should be a repression of the alien superego because it cannot satisfy ego needs, it would cause the individual to feel that the accustomed personality no longer exists and that he is, therefore, not himself.

A diagram of thought flow in the normal mind reproduced in the paper on depersonalization<sup>6</sup> pictured many currents having continuity and traveling in vertical as well as in horizontal planes, in spirals and circles as well as in direct lines. The concept of horizontal levels indicated in the schematic representation of Freud's categories of the mind<sup>7</sup> is often the only one considered in psychoanalytic references to topography. Currents of thought flow may mingle lightly or freely or they may move along separated from one another. Usually they

<sup>5</sup> *Loc. cit.*

<sup>6</sup> *Loc. cit.*

<sup>7</sup> Freud: *The Ego and the Id*. London: The Hogarth Press, 1927.



flow in well defined (parallel) streams, moving either horizontally or vertically, and any of them may reach consciousness.

When such currents meet obstacles to their smooth flow in the form of psychic fixations, there may be formed whorls of thought like the small whirlpools in a stream. The quality of the thought in the whorls remains unchanged and its influence upon the main current flow may be minimal. In fact the whorls appear to become separated from the main currents of thought flow even though they continue to share consciousness with the main stream. Should whorls of thought current become sufficiently fixed, large and powerful, they may assume the form of secondary or co-personalities (fragments) any one of which under certain circumstances might become dominant.

I have never observed a case of truly alternating or dual personality. However, the concept of co-conscious thought currents provides an understanding of some very unusual forms of thought registration. Among those I have studied in detail was an adult female who had no conscious knowledge of the acquisition of the various facts which she knew and employed. It was as though all factual knowledge had entered her mind surreptitiously by some side channel, quite unbeknown to her main currents of consciousness.

In a second case the woman always referred to her 'extinct self', i.e., her inactive, lifeless self, as the only part of her which was truly alive, even though only the tiniest ember of that extinct self still remained. Notwithstanding this, her secondary self automatically conducted satisfactory social contacts and directed a complicated business. She could write an excellent examination paper without any conscious knowledge of the subject, and although she claimed that her mind was dead she responded in ordinary conversation with accurate, witty and even brilliant replies.

By way of introduction to the dynamic forces operative in co-conscious mentation, I wish to record a form of co-conscious registration which, for all its simplicity, proved very disturbing to the patient and was the main reason for consultation. She was an extremely intelligent woman of thirty-four who had

been the leader in her class at college and at one time the editor of a woman's magazine. In addition to her dualistic thinking she also suffered from serious difficulty in adjustment to marital problems.

She came for treatment because of a repetitive mental process manifested in a continuous obsessive counting, 'one—two—three—four', in her mind from the time she awoke until she went to sleep, even though she could carry on her normal thinking at the same time. The symptoms had begun suddenly and inexplicably when she was a junior at college and while riding in a subway train. She became aware of the rhythmic counting and thought it might have been initiated in some way by the rhythmic bumping of the car wheels on the rail. Nevertheless, although handicapped to some extent by the symptom, she completed her college course, entered a journalistic career and married at the age of twenty-six.

In spite of all effort on her part to banish the obsessive counting by voluntary effort, the symptom continued uninterruptedly. She could not explain the counting going on co-consciously with her normal thinking and was surprised that it did not interfere more with the clarity or continuity of the main train of thought. After enduring the counting for about fifteen years she felt that the constant repetition was beginning to 'drive her insane'. During the course of treatment its origin became apparent.

The patient felt herself to be, and as it happened actually was, an unwanted child. She had been detected masturbating by her mother at the age of six and was told that she would become insane if she continued. Notwithstanding this drastic threat and a terrific fear that she would lose her mind, she found herself unable to abstain from the practice.

At nine she developed a cough which the family physician ascribed to 'weak lungs' and which he thought might be related to tuberculosis. In addition to the usual forced feeding he suggested that she breathe deeply whenever she was in the open air. Following this advice, her mother instructed her to take a deep breath, slowly count one, two, three, four, then

exhale, and to repeat the exercise all the way to and from school. The little girl obeyed the instructions most conscientiously because of her strong sense of guilt. She had her own belief, based upon unconscious insight, that a connection existed between her cough, ill health and her mental conflict. She was convinced that her physical symptoms were not due to pulmonary disease but to anxiety concerning the masturbation which she had been unable to check completely.

She was sent away from home to a ranch in Arizona. There she forgot about her mother's instruction to count and the episode of 'weak lungs' and bad health ended. She returned to her home in the East and during the following years her interest centered in school work. She seldom masturbated. Always a diffident child and physically somewhat awkward, she continued through high school engrossed in her studies. When she entered college she was immediately recognized as an intellectual leader. At the end of her freshman year, at the age of eighteen, a prominent senior initiated her into homosexuality. Subsequently, she began to assume the masculine rôle with her roommate, an extremely feminine person. The relationship was carried on with the usual secretiveness and feelings of guilt.

After about six months of her analysis the relationship between the early counting for deep breathing and the repetitive co-conscious registration of counting became apparent. The sequence of inhaling, counting and exhaling in childhood had been conscious and controllable, its purpose definite and reasonable. The function of the co-conscious rhythm was to establish an unconscious therapeutic defense against the anxiety attendant upon the homosexual relationship into which she had entered at college. The homosexuality represented a sexually guilt laden situation analogous to the masturbatory activities of childhood. Thus the obsessive, co-conscious counting constituted an irritating, annoying and, even punitive agency (conscience, superego) for her relapse into a sinful disobedience. It also acted as a defense against the possibility of the ultimate destruction of her mind (the mother's threat

concerning insanity) just as in the earlier days the breathing exercise had been regarded as the method of preserving both her bodily and her mental health.

As the analysis continued and established its origin, the rhythmic counting disappeared gradually and has not recurred now for ten years. Furthermore, there was a progressive decrease in the sense of guilt which had pervaded a large number of her actions. When the counting ceased, the patient compared the sensation of stillness which supervened to that experienced when the rhythmic throbbing of the engines of a steamer to which one has been accustomed suddenly stops. It created the awareness of an emptiness or a void in her mind as though she were not herself, so accustomed had she become to the circumscribed secondary stream of consciousness.

Psychoanalytic comments and investigation of secondary consciousness are scarce. In their first work Breuer and Freud<sup>8</sup> (1893) stated that the splitting of consciousness is striking in the classical cases of double consciousness and Breuer<sup>9</sup> reported in the case of Anna O., 'the existence of two states of consciousness which at first appeared as a transitory "absence" and later became organized into "double conscience"'. In contrast to the initial 'absence' reported in Breuer's case, in the case of rhythmic counting cited by me, it was the disappearance of the organized secondary consciousness which left the patient with a feeling of absence or void.

Following this initial publication with Breuer, Freud became engrossed in exploring the inexhaustible domains which his investigations had exposed. The problem of dual personality, as such, received little attention. Nevertheless, in 1909 in the final discussion of a detailed case of compulsion neurosis, he states: 'I cannot leave my patient without giving expression to the impression that he was split equally into three personalities—I would say into one unconscious and two foreconscious personalities. His consciousness would

<sup>8</sup> Breuer, J. and Freud: *Studies in Hysteria*. Trans. by A. A. Brill. New York: Nerv. and Ment. Dis. Monographs No. 61, 1936, p. 8.

<sup>9</sup> *Loc. cit.*, p. 28.



oscillate between them'.<sup>10</sup> In the same article, Freud mentions the case of a compulsive neurotic woman split into two organizations, each of which had access to her unconscious.

So far as I know, Freud's next reference to the phenomenon is in 1937 when, in analyzing a personal disturbance in memory at the Acropolis, he remarks that 'the way from *déjà vu* leads over depersonalization to a most remarkable condition of "double conscience" which is more correctly called a splitting of personality'.<sup>11</sup>

In a study of multiple personality, Mann<sup>12</sup> makes a division of types into: (a) alternating personality where there is complete amnesia by the active personality for the behavior of the inactive one; (b) co-conscious personalities where the two personalities live side by side, one or the other being periodically dominant although still influenced to greater or lesser degree by the inactive one. The number of cases of either type scientifically observed remains small.

The coëxistence of double consciousness or of two fairly distinctly formed superego streams—one considered by the patient feminine, the other masculine—falls in the category of co-conscious personality. However, in these cases each of the co-conscious organizations generally strives to drive the ego in opposite directions. Such psychic dualism is probably responsible for critical self-observation which some investigators consider the essential characteristic of depersonalization. Ferenczi<sup>13</sup> goes so far as to say that 'every grown-up who observes himself is split (not a complete psychic unit)'.

The two antagonistic superegos described above usually regard each other intensively, vigilantly and belligerently. In most instances of depersonalization, one superego trend usually retains its ascendancy more or less securely and continuously until depersonalization occurs through the mechanism of

<sup>10</sup> Freud: *Ges. Schr.*, VIII, p. 351.

<sup>11</sup> Freud, S.: *Almanach der Psychoanalyse*, 1937, p. 18.

<sup>12</sup> Mann, W. N.: *Guys Hospital Gazette*, 1935, p. 49.

<sup>13</sup> Ferenczi, S.: *Bausteine zur Psychoanalyse*, IV. Berne: Hans Huber Verlag, 1937, p. 283.

repression under the stress of increased pressure in the patient's life. Such violent dualistic superego conflicts may also account for the sado-masochistic struggle in depersonalization stressed by Reik<sup>14</sup> and more remotely, the exhibitionistic voyeur components considered essential by Bergler and Eidelberg.<sup>15</sup>

One may compare the operation of the double superego to the situation in the circus scene in which, at first, a rider in black is in control of a bareback, black horse. Horse and rider—even though the rider is in control—appear more or less in harmony for they have practiced together and gradually developed a working relationship. The rider is aware of how far he may go without being dismounted and the horse of just how unruly he may become without being too severely punished. But a second rider in white may also be mounted on the horse and the clashing riders attempt to direct the horse oppositely. Eventually the horse may become accustomed to the confusion and the unwelcome dual rider rôle and rebel only when he finds that the conflicting control leads him into futile performance. A condition may also arise in which the hostile riders fight each other so bitterly that they temporarily neglect the horse. In this case the animal may become so bewildered by the absence of control that its actions become purposeless, helpless and 'it is not itself'.

Such a clashing of co-conscious mental activity occurred in a physician, aged forty-five, a man of rare intellectual endowment, married, the father of four children. He had suffered from neurotic symptoms for thirty years, but his main complaint when he came for treatment was a profound depression of many years duration. The outstanding characteristics of his behavior were courtesy, conscientiousness and consideration for others which frequently reached the point of painful masochistic subservience.

The cause of his depression was a frustrating mechanism to

<sup>14</sup> Reik, Theodor: *Wie man Psycholog wird*. Vienna: Int. Psa. Verlag, 1927, pp. 44-46.

<sup>15</sup> Bergler, Edmund, and Eidelberg, Ludwig: *Der Mechanismus der Depersonalisation*. Int. Ztschr. Psa., XXI, 1935, p. 285.

which he had given the name 'psychic dualism' and which was active almost continuously. The duality functioned as a train of thought secondary to, but definitely not under the control of the main current of thought. It was apparently an outgrowth of conscience to which during the individual's formative years all actions and points of view having any ethical content had been referred for minute scrutiny. Due to overfunction the co-consciousness (conscience) had grown powerful and had assumed an independence of action, its effect on the organism being almost like that of a neoplasm in its disruptive effect, its parasitism and autarchy.

The 'duality' was commentating, usually adversely, on whatever activity at the moment occupied the mind. If the two trains of thought kept apart, a certain degree of smoothness, coherence and unity was possible in speaking and, similarly, effectiveness in work and assimilation in reading. But such results were obtained only with a large increment in the expenditure of nervous energy needed to hold the secondary train of thought in a sort of subjugation.

When the two lines of thought touched sporadically, there was a resulting confusion, not fusion, even if the latter were possible. There took place an immediate disorganization of the association processes—verbal delivery became hesitant, words could not be reached or ideas followed out. Work became ragged, uneven and reading was impossible.

The only insurance against panic and humiliation during a lecture, and the later unhappiness from self-derogation, was to prepare in advance every word and sentence and commit them to memory. This would then make possible, a 'spinal cord' rendition, almost unrelated to, or influenced by, cerebration. This, moreover, being practically a process purposed for self-preservation, the urgent need developed a capacity for prodigious feats of committing things to memory, such as visualizing the side and part of a page holding particular information, though they were retained for a short time only.

When it came to listening, the effect of the duality might be any degree of failure actually to hear and comprehend. As for

reading, whole paragraphs or pages might have to be read and reread many times to get their context. The words were seen and read but not grasped—a sort of psychic amaurosis. Extemporaneous speaking, too, had to be done automatically, the choice of word or subject matter being made unconsciously so that only later on did the patient realize what he had said. His performance might be surprisingly good and there might be a reversal of the primary and secondary trains of thought, the secondary having assumed dominance. After a time the patient became conscious of the reversal and 'came to' with a feeling akin to terror for he was aware that he had not been himself.

He commented that a person becomes accustomed to, and accepts the limited physical activity imposed upon him by such conditions as a long-standing cardiac defect or deficient sight. The absence of variation in the disability helps the person to accept them. It is very different, he said, for the mind possessed by a disturbing duality. The duality may drop away for a tantalizingly short time and the individual does not know why this freedom comes but yearns to know why it goes. During this short time he is 'himself' instead of 'his selves' all his faculties heeding but a single suitable master, work well. The individual in his personal reactions and in his ability to work is a surprise to himself and the change may sometimes be obvious to others.

The patient likened the relationship of his mind and the duality to that between Siamese twins—it was flesh of his flesh, inseparable, yet living, to some extent, an individual existence. The only time there could be real peace for the mind was when the twin—the commentating one—was inactive. But a person is not born with psychological Siamese twins, and therein lies an important difference from that physical association in which there is from the beginning a compulsory sharing of physical activities. In the former, however, consciousness must gradually accept being yoked with the duality and to endure an unavoidably simultaneous existence with it which becomes first distasteful and then intolerable.



The patient realized that a recurrence of his dualism might have its origin in some experience of high emotional value. This might be either of internal or external origin; either a recent one or an old one freshened to a high potential by vivid, because painful, recollection. Often its residues, unfinished problems with undigested emotional content, would provide material for obsessing dreams, nervously exhausting in their intensity, and depressing because of their after-images.

The patient became convinced that the chief function of the duality was that of a critic—that the secondary consciousness was nothing more than an hypertrophied conscience which had gotten out of hand. However, the duality had usurped many functions which the ordinary person does not allocate to his conscience. The actual beginning came when, as a child, he began to have conversations with his conscience. Later in life, hours would be spent in argument and justification between the two lines of thought.

The main stream of consciousness never blamed the secondary consciousness in a directly accusatory way for the trouble it caused. The attitude was always one of *mea culpa* as though the primary stream recognized the need and justice of it. It behaved much like the father who hangs his head and accepts with an attitude of resignation the things done by an erring son. There is a sort of recognition that the one is responsible for commissions of the other.

The patient felt that such a duality could have developed only in as lonesome a child as he was. It was possible to trace the origin of his concept of conscience to his mother's version of the *Dybbuk* which she often told him simply as a ghost story when he was about eight years old, but which made a profound and lasting impression. The *Dybbuk* was represented to him as a disembodied spirit—the soul of a wicked person which cannot rest because it is not acceptable to heaven. This soul has to fit itself for acceptance in heaven by further growth and purification in the body of another person. Being the soul of a bad person it enters the body of a virtuous young girl for further growth and purification.

The plight of this soul was the result of its wickedness. Such punishments, and others, could be avoided in the hereafter by being good. The more complete the goodness the more certain was escape from these punishments. The greater the patient's fear of these threats the greater became his drive for perfection and for goodness, preventing death through becoming a virtuous girl. For the same reason the conscience (the critical duality) grew more and more powerful. To the latter was entrusted the function of maintaining the drive against instinctive urges. The probable development of the co-conscious dual mentation—the overgrown conscience—now becomes apparent.

As the patient grew into boyhood he passed through a period of complete subjugation of all instinctual drives, and finally became identified with a religious group having extremely high ideals based on masochistic self-denial. It imposed upon him a conscious set of ideals best suited to a repressed, bashful girl and entirely antagonistic to his own vigorous masculine ego. He accepted this set of ideals all the more readily because he had for years fostered a belief in the spiritual supremacy of women—they were untouchable, incorruptible, unvaryingly sincere. He could not believe otherwise and so developed an exaggerated ritualistic chivalry towards women as an overcompensation for his fear of (desire for) them. His own goodness became almost synonymous with femininity, and the guiding conscience tended to be one with feminine aspects extending to the point of masochistic submission.

The co-conscious psychic dualism was essentially a dualistically operating conscious conscience. The second consciousness was comparable to a second rider in the simile of the unsuited riders and the circus horse. This second master, feminine in character, at times mounting the ego but always accompanying it, constantly prevented it from going where the appropriate rider wished by unremitting prodding from one side.

In the two clinical cases presented the dualistic mental functioning was conscious. The systems not only operated independently and synchronously but topographically at the same

level. Further, each system seemed to have separate access to, and was partially under the influence of topographically lower unconscious factors.

In the case of the co-conscious rhythmic counting, the counting constituted a secondary conscience, a superego function through which the patient compulsively paid tribute to maternal authority. In the second case the co-conscious mentation attacked the normal masculine superego functions of the patient. In a third case, which I shall now report, the co-conscious mentation apparently concerned itself with topics entirely unconnected with the patient's normal superego control. However in this case also, the constant co-conscious preoccupation with these impersonal topics served as a defense against complete submission by a male patient to a set of feminine precepts and ideals which he had incorporated from his mother.

The patient was an only child and, during his school days, something of an intellectual prodigy, graduating from college at eighteen and from law school at twenty. At the time of his treatment he was a lawyer, aged forty, recently married for the second time. He was referred because of psychic impotence which disappeared relatively early in the analysis and did not return.

The complex psychological picture he presented included both conversion symptoms: the impotence already mentioned, a feeling of weight on the shoulders and back, and a sensation of gripping in the throat; and mental symptoms: stammering, fear of the unknown, absence of emotion, feelings of unreality and co-conscious mentation. He felt the normal reaction of physical pain such as toothache, but the only human emotions which he had ever genuinely experienced were anxiety and anger. These were associated with childhood punishments. If he were in the right, a certain compensatory satisfaction resulted which diminished the emotional responses of anxiety and anger.

Anxiety resulted from the fear of impending punishments and the fear of not being right. If he were positive that he was

right, no anxiety occurred. The feeling of a heavy weight on the shoulders or back was associated with a fear or feeling of anxiety over something unknown which might or was about to happen. This reaction of impending disaster varied in degree from time to time but, no matter how variable, was always present.

From infancy he had received from his mother an almost unbelievable amount of punishment, both in physical chastisement and reprimands. He actually feared that she might kill him for some of his actions which offended her. When he began to go to school she would hear his lessons every night and on the slightest mistake in recitation or deviation from the book she would bring the latter down upon his head. He claims that he was nearly ten years old before he began to realize that other children were not punished for some fault for which he was continually slapped over the mouth (provocative of stammering) or the back of the head.

At the age of five, his mother once forbade him an extra helping of pudding saying that it was not good for him. As he had already discovered his mother's venality he offered her a quarter, which she had just given him, if she would allow him more pudding. She accepted. One may consider this manœuvre as a successful bribery by the patient of his mother's authority (superego). After he had received the second helping he inquired why the pudding which had not been good for him before he had paid was now considered proper and wholesome. When a number of guests present at the meal chuckled, he knew that he had won a victory over the tyrannical mother through his keenness and logic. It soon became obvious to him that not only did being right give him power but that he could not afford to be in the wrong.

Soon after this he developed what he called his 'forum'—a form of co-conscious mentation which he described as follows:

'Since my earliest recollection there has always been in my mind an open forum. That is, there takes place a debate on every thought which passes through my brain on topics which might or might not be concerned with the main current of



thought. In the forum arguments pro and con are ferreted out, reiterated and restated with the diligence and forcefulness of a lawyer in court or a debater on the rostrum. I, of course, uphold both the negative and affirmative, so that one part of my mind is continually engaged like an alternating electric motor—going forward, being checked, reversing motion, and then being checked again. Thus, one portion of my mind is always engaged during every moment of my conscious life. For it to be relaxed, at rest, or to be blank, is a sensation I have never yet experienced. Imagine the awakening or shock which I sustained recently on learning that my type of mental activity was the exception and not the general working of most human beings. It was almost inconceivable to me that one's mind could at any time, even for a fleeting second, be quiet and tranquil, without a raging mental debate such as is ever present within me.'

The forum operated as a simultaneous dual thought process. That is, the patient could be listening to a conversation or carrying on a conversation—knowing everything that was said—and at the same time conduct his mental forum with a vigor equal to or greater than that accorded to the topic occupying his attention. For example, while weighing consciously in his mind the merits of President Roosevelt's proposal to increase the membership of the Supreme Court, or while considering which stocks to buy, there might be going on in the forum simultaneously an intensely forceful debate on some legal point. The toll in energy used in this dualistic activity was enormous and the fatigue which followed was devastating.

The debate in the forum differed from the mental ruminations of the ordinary *folie de doute* in two important points: (1) a *folie de doute* concerns itself with indecision concerning the main thought occupying the person's consciousness; (2) in the forum there existed a logical presentation of facts pro and con, not the confused futile vacillation between yes and no, characteristic of the uncertainty of the doubting compulsion. In this patient the forum debate remained entirely separate from the main stream of conscious thought and action. Doubts

concerning them did not arise and he was able to direct and control them with normal speed, ease and efficiency.

The patient wrote of a variation of his separate mental operations which at times would lead to a lack of consciousness in the main functioning of his mind. In such states his observable acts might be performed perfectly but fail to register. He recorded this phenomenon:

'I can become engrossed in arguing or debating with myself to the point of exclusion from consciousness of any event going on about me. I am away from the world. People may talk and I do not hear them; people or objects go by and are not seen; friends pass on the street and I look at them—they tell me subsequently that I saw them—but I neither see nor recognize them.

'While in this state I could drive a car through heavy traffic for five, ten or maybe fifteen miles without the least recollection later on of having stopped, started or passed anything on the way. I would not remember at the end if I had stopped at any red light at all. Presumably I obeyed traffic regulations—halting for red lights—passed slower moving vehicles and swerved to avoid pedestrians—because I have never had an accident, nor received a ticket for traffic violations. I can apparently see and perceive without knowing I am seeing.'

The psychic dualism manifested in the forum at times impaired the registering of current actualities. The pleasurable feeling of being in the right would progress to a state of mental abstraction which became far more potent than the occurrence which may have originally initiated the debate in the forum. While he was thus preoccupied an incident which took place did not seem real to him. He compared this sensation to the feeling of reality sometimes experienced in a dream but which in retrospect one appreciates was not real but a dream. For instance, if while engaged in a forum debate he rode up the street with a companion, the entire journey would have an element of the unreality of a dream, even though the memory of it included every event of the trip. According to his description, he suffered from a 'lack of that electricity which

makes things seem real'. Put in another form, he said, 'being awake is no more real than a dream, nor do dreams appear any more real at the time of their occurrence than when I am awake'.

Action appeared entirely separated from emotion and thought so that at times while engaged in activity he had the feeling of not doing anything. He might travel and arrive at a place, but it did not appear to him as though he were there, or that he had been in the place from which he came. He commented that it really seemed impossible that a human being suffering from this lack of reality could effectively carry on the way he has. One day he asked, 'Am I dead and do not know it, or am I alive and do not know it? Time has passed—twenty, thirty, forty years and I have not existed.'

This patient also complained of visual thinking similar to that described above by the patient suffering from psychic dualism and such as has been frequently found in other cases of psychic fragmentation. Almost every topic which the patient brought up in conversation was accompanied by a co-conscious mental image. Without this imagery the patient could not remember anything. At times the image might not actually represent the object under discussion but would necessarily be allied to it. For instance, if the patient mentioned to me that he intended to go to Florida, an image of a spot in Florida would involuntarily flash into his mind. At times this compulsive imagery became annoying and crippling although its disrupting function might not be apparent in his conversation.

The exceptional characteristic in this patient's neurosis is the way in which thoughts apart from the immediate stream of consciousness came to be co-consciously and interminably argued pro and con. Analysis indicated that the forum, through which he could logically prove himself right, served as a weapon of defense by which he could reassure himself against the threat of the violent, emotionally invested, authority of his mother. He would otherwise have remained powerless against her, and lack of defense to him meant complete annihilation.

It will be recalled that the symptom for which the patient originally came was sexual impotence. His wife had also been

my patient several years before he came for treatment, but he was not married to her at the time. She had improved greatly before her marriage, but her previous neurotic reactions and her irrationality in daily dealings with tradespeople and servants closely resembled the behavior of his mother. The identification of his wife with his mother had been one of the strong unconscious reasons for his subsequent marriage to her, and later for his impotence. In his first marriage he had been similarly attracted by the domineering and violently unreasonable mother of his wife, and married the daughter who was 'a second edition of her mother'.

The constantly operating logical function of his mind became a reaffirmation of his masculinity against both the dreaded external feminine power and the numerous intrapsychic identifications adopted from his mother but effectively repressed. These latter were even more continuously ominous and oppressing than the actual threats and scenes with his mother. The fear from within furnished the incentive which made it necessary to keep the forum incessantly active. Logic constituted for him an absolutely reliable defense against emotional outbursts, all the more powerful because of feminine weakness in sequence and reasoning.

After about a year of analysis, when the fear of feminine power had waned gradually, he found that the co-conscious argumentation disappeared and he began to make decisions on problems as being wise or unwise, in the usual manner of reasonable thinking. Nevertheless, a slight difficulty developed when he wished to initiate thought about a concrete problem. He had to force himself to think about it. Apparently, as a result of habit, the use of logic had become a function confined almost exclusively to thinking in the forum, that is, in the secondary co-conscious mentation. In as much as the logic in the forum was a defense against his feminine superego, he had become conditioned to the use of logical thought for this purpose only, and found it an effort to apply it outside of this particular function or for ordinary problems. While logic in the forum was primarily a defense measure against the threatening superego, it served at the same time as an offensive



measure, for in the face of his practically complete suppression of aggression his defense was his only offense.

During the transition period of his cure, he noticed that when the forum was working he was not restless. He could allow the forum to work and sit down peacefully, go about his business, or engage in any activity he wished and be comfortable. When it decreased under analysis he noticed a great increase in anxiety and nervousness. He became irritated more quickly and more often. He worried more about unfinished things but no longer felt the need to justify his actions by a successful debate in his forum; furthermore, the world around him and he himself felt more real. The debate in the forum no longer absorbed that energy which in normal individuals is utilized in emotion.

As he looked back it seemed as though he had been in a fog for many years. This increase in the disturbing symptom of anxiety coupled with the restoration of his sexual potency constituted a cure to him and caused him to discontinue analysis without as complete a reintegration of his personality as seemed theoretically attainable.

It appears then that we are dealing with a phenomenon of co-conscious thinking in which the secondary train of thought not only did not interfere with the other but through its very presence established a defensive reassurance against the threat of the primary stream. If we revert to the bribery incident with which the development of the 'logic habit' began, and its successor, the forum, we may consider the forum debating as a compensatory mechanism by which the patient could avoid the humiliation and impoverishment of his ego which occurred when he was compelled to bribe his feminine (mother) super-ego.

The case histories here outlined would suggest that co-conscious mentation need not remain confined to any specific level of consciousness. Furthermore, referring back to the spinal cord rendition of memorized material resorted to by one patient to side-step both currents of his co-conscious mentation, it would seem possible that other levels of intellection may be

developed when the need is sufficiently great. This activity and the capacity for it, like co-consciousness, disappeared when the requirement responsible for its origin no longer existed. The protracted therapeusis and dubious results of psychoanalysis in cases of long standing depersonalization are well known. Nevertheless in each of the cases reported the psychoanalytic approach either cured or appreciably lessened the co-conscious thinking with attendant relief to the patient.

### *Summary.*

Pathological co-conscious thinking is an obsessional symptom involving thinking itself, and falls into the general categories of splitting of personality, feelings of unreality and depersonalization. In the cases observed it was associated with an unusual libidinization of thinking. A concept is proposed which regards thinking as current flow occurring in vertical and horizontal planes and in straight, circular or spiral directions. Co-conscious thinking takes place as a vertical splitting of the flow of thought current in the same lateral plane.

Double conscience and double consciousness are closely related—they may even be identical. Their development is dependent on the need for the protection of the biological ego against the dominance of a superego unsuited to ego needs.

In some cases studied evidence was brought out suggesting that both co-conscious mentation and depersonalization function in the nature of a defense activity against anxiety. This anxiety is latent and perhaps chronic but when co-conscious mentation is active, the anxiety may diminish temporarily. Co-conscious mentation is a mild form of schism not far removed from unreality phenomena and even from loss of consciousness such as may be induced by pharmacological and psychic shock. The diminution of active anxiety in cases of depersonalization suggests that this splitting process acts as a protection against anxiety and invites further investigation in connection with the phenomena of pharmacologically induced unconsciousness.

# THE PREDISPOSITION TO ANXIETY

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The considerations which I present have to do chiefly with the predisposition to anxiety and its relation to increased narcissism, especially in severe neuroses. I present these considerations largely in the form of questions rather than conclusions. The stages by which I arrived at these questions I give here in order to present the background of this paper: (1) the analysis of particularly severe neuroses in adults, (2) the searching for supportive or related data in the medical, psychiatric and psychoanalytic clinical experience of myself and others, (3) a supplementary review of some experimental work and observations, (4) a review of Freud's later publications concerning anxiety, especially *The Problem of Anxiety*, (5) and finally, a return to my own case material which I reviewed in the light of my questioning. For the sake of consolidating this presentation, however, I shall now take this circle of search in a little different order. I shall reserve the presentation of the case material for a subsequent paper in which I hope to discuss also some special considerations of treatment. I have chosen this order because I believe that the clinical material in itself is inevitably so detailed as to be possibly confusing unless the reader is already aware of the underlying thesis. In my work, however, the clinical material came first and the thesis was the result of my observations. In this paper I shall first discuss Freud's later statements concerning anxiety; I shall then present factual observations and the results of experiments of some significance in the problem of basic anxiety.

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## I

In *The Problem of Anxiety*,<sup>1</sup> Freud says:

'Anxiety is the reaction to danger. . . . But the dangers in question are those common to all mankind; they are the same for everybody; so that what we need and do not have at our disposal is some factor which shall enable us to understand the basis of selection of those individuals who are able to subject the affect of anxiety, despite its singularity, to normal psychic control, or which on the other hand determines those who must prove unequal to this task.' (p. 121)

Then after commenting briefly on the inadequacy of Adler's organ inferiority explanation, Freud turns to a critique of Rank's birth trauma theories. What Freud says here is of importance in regard to his own evaluation of the rôle of the birth trauma and is in no sense an endorsement of Rank's somewhat mystical therapeutic aggrandizement of it.

'The process of birth constitutes the first danger situation, the economic upheaval which birth entails becomes the prototype of the anxiety reaction; we have already followed out the line of development which connects this first danger, this first anxiety-occasioning situation with all subsequent ones; and in so doing we saw that they all retain something in common in that they all signify a separation from the mother, first only in a biological aspect, then in the sense of a direct object loss, and later of an object loss mediated in indirect ways.' (p. 122)

Then, in objecting to Rank's emphasis on the severity of the birth trauma as a determinant — the main determinant — in producing varying degrees of intensity of the anxiety reaction in different individuals, Freud says:

'The emphasis on the varying severity of the birth trauma leaves no room for the legitimate ætiological claim of constitutional factors.' This severity is an organic factor, certainly, one which compared with constitution is a chance factor, and

<sup>1</sup> Freud: *The Problem of Anxiety*. Trans. by H. A. Bunker. New York: The Psychoanalytic Quarterly Press and Norton and Co., 1936.



is itself dependent upon many influences which are to be termed accidental, such as for example timely obstetrical assistance. . . . If one were to allow for the importance of a constitutional factor, such as via the modification that it would depend much more upon how extensively the individual reacts to the variable severity of the birth trauma, one would deprive the theory of meaning and have reduced the new factor . . . to a subordinate rôle. That which determines whether or not neurosis is the outcome lies, then, in some other area, and once again in an unknown one. . . . For no trustworthy investigation has ever been carried out to determine whether difficult and protracted birth is correlated in indisputable fashion with the development of neurosis—indeed, whether children whose birth has been of this character manifest even the nervousness of earliest infancy for a longer period or more intensely than others. If the assertion is made that precipitate births . . . may possibly have for the child the significance of a severe trauma, then *a fortiori* it would certainly be necessary that births resulting in asphyxia should produce beyond any doubt the consequences alleged. . . . I think it cannot yet be decided how large a contribution to the solution of the problem [of the fundamental basis of neurosis] it [i.e., difficult birth] actually makes.' (pp. 124–126)

From his chapter on Analysis of Anxiety in the same book I quote the following:

'But what is a "danger"? In the act of birth there is an objective danger to the preservation of life. . . . But psychologically it has no meaning at all. The danger attending birth has still no psychic content. . . . The foetus can be aware of nothing beyond a gross disturbance in the economy of its narcissistic libido. Large amounts of excitation press upon it, giving rise to novel sensations of unpleasure; numerous organs enforce increased cathexis in their behalf, as it were a prelude to the object-cathexis soon to be initiated; what is there in all this that can be regarded as bearing the stamp of a "danger situation"? . . . it is not credible that the child has preserved any other than tactile and general sensations from the act of birth [in contrast to Rank's assumption of visual impressions]. . . . Intrauterine life and early infancy form a

continuum to a far greater extent than the striking *cæsura* of the act of birth would lead us to believe.' (pp. 96, 97, 102)

Here I realize we are symbolically and figuratively in deep water, but at the risk of finding myself in a sink or swim situation, I shall raise some questions now and repeatedly throughout the rest of the material of this paper. It certainly seems clear that the birth trauma occupies no such exalted place in etiology or therapy as was once assigned to it by Rank; it seems indeed to have fallen quite into disrepute as an etiological factor in the neuroses. Yet we raise the question whether variations in the birth trauma are so insignificant in their effect on later anxiety—when birth is indeed the prototype of human anxiety—as we have been assuming. Is the birth trauma so opposed to the importance of constitutional factors as is implied in Freud's critique of Rank's position, as really 'to leave no room for the legitimate ætiological claim of constitutional factors',<sup>2</sup> or may not the anxiety-increasing factors

<sup>2</sup> I believe that elsewhere Freud himself has stated his attitude a little differently, and clearly does not in general consider the constitutional and the accidental as leaving no room for each other. He deals with this in a forthright fashion in his footnote to the first paragraph of his article on the Dynamics of Transference (1912).

'We will here provide against misconceptions and reproaches to the effect that we have denied the importance of the inborn (constitutional) factor because we have emphasized the importance of infantile impressions. Such an accusation arises out of the narrowness with which mankind looks for causes inasmuch as one single causal factor satisfies him, in spite of the many commonly underlying the face of reality. Psychoanalysis has said much about the "accidental" component in ætiology and little about the constitutional, but only because it could throw new light upon the former, whereas of the latter it knows no more so far than is already known. We deprecate the assumption of an essential opposition between the two series of ætiological factors; we presume rather a perpetual interchange of both in producing the results observed. . . . The relative ætiological effectiveness of each is only to be measured individually and in single instances. In a series comprising varying degrees of both factors extreme cases will certainly also be found. . . . Further, we may venture to regard the constitution itself as a residue from the effects of accidental influences upon the endless procession of our forefathers.'

of a disturbed birth process combine with or reënforce the constitutional factors in the fashion of multiple determination of symptoms with which we are quite familiar? If the accumulated birth trauma of the past is so important as to leave an anxiety pattern in the inherited equipment of the race, is it then to be expected that the individual birth experience will have been nullified by this inherited stamp? If so, when does an anxiety reaction begin to appear—after birth, at birth, or is it potentially present in intrauterine life, to be released only after birth?

We are used to thinking of anxiety as having psychological content, but is there a preanxiety response which has very little psychological content? There are anxiety-like behavior patterns in lower animals, even in those that are not viviparous. The human anxiety pattern varies greatly in its symptomatic form. Most commonly it contains cardiorespiratory symptoms which seem indeed to be the nucleus of the birth experience. But are there events besides birth itself, perhaps in the way of untoward events in intrauterine life or in the first few weeks following birth, which might constitute danger situations and be reacted to with something akin to anxiety in foetal life or in the first few weeks of postnatal life?

The foetus moves about, kicks, turns around, reacts to some external stimuli by increased motion. It swallows, and traces of its own hair are found in the meconium. It excretes urine and sometimes passes stool. It has been repeatedly shown that the foetal heartbeat increases in rate if a vibrating tuning fork is placed on the mother's abdomen. Similar increases in foetal heart rate have been recorded after sharp loud noises have occurred near the mother. This finding is reported by a number of investigators. Two of them (Sontag and Wallace) found marked increase in foetal movement in response to noise of a doorbell buzzer; this was especially strong and consistent when the buzzer was placed over the foetal head. Responsiveness to sound began at the thirty-first week of intrauterine life and

increased as the foetus neared term.<sup>3</sup> The foetus may suffer hiccoughs, even as early as the fifth month; and respiratory-like movements are noted in the last month. Sometimes the foetus sucks its own fingers and cases have been recorded in which the infant was born with a swollen thumb;<sup>4</sup> and it is by no means rare for newborn babies to put their hands directly to their mouths. One questions what has been the rôle of sucking in these cases. Has a fortuitous meeting of hand and mouth served any function and been prolonged because of this? It would seem that the foetus is relatively helpless; and that while we cannot speak of any perception of danger, we still are faced with the quandary of what is the reaction to untoward conditions of intrauterine life, such as might in postnatal life produce pain and discomfort and be reacted to by crying. I raise the question whether the foetus which even cries *in utero* if air has been accidentally admitted to the uterine cavity, reacts to 'discomfort' with an acceleration of the life movements at its disposal — sucking, swallowing, heart-beat, kicking. What is the relation of such accelerated behavior to anxiety? This is not the more or less organized anxiety pattern which we are used to thinking of as the anxiety reaction, to be sure; but do not these responses indicate an earlier form of anxiety-like response of separate or loosely constellated reflexes? I realize here that I run the risk of encroaching on the domain of neurology and reflex reactions, and on the field of biology which describes anxiety-like (frantic) behavior in lower animals

<sup>3</sup> Peiper, A.: *Sense Perception of the Prematurely Born*. Jahrb. f. Kinderh. 1924, pp. 104-195; 1925, pp. 29, 236.

Catell, W.: *Neurologic Investigations in Premature Children*. Monatsch. f. Kinderh. 1928, pp. 38-303.

Ray, W. S.: *Preliminary Report on a Study of Fœtal Conditioning*. Child Development, III, 1932, p. 175.

Sontag, L. W. and Wallace, R. F.: *The Response of the Human Fœtus to Sound Stimuli*. Child Development, VI, 1935, pp. 253-258.

Forbes, H. S. and Forbes, H. B.: *Fetal Sense Reactions: Hearing*. J. of Comp. Psychol., 1927, VII, pp. 353-355.

<sup>4</sup> Ahlfeld, Friedrich: Verh. d. deutsch. Gesellsch. f. Gynäk., II, 1888, p. 203. Also see footnote (Gesell and Ilg) on p. 87 of this article.



and even insects. So I must retreat again to an attitude of inquiry.<sup>5</sup>

## II

When we examine (vicariously) the behavior of the newly born infant (according to Watson's studies made in 1918-1919),<sup>6</sup> we find three types of emotional reaction, described by Watson as 'fear', 'rage' and 'love'. The behavior which Watson describes as a 'fear' response is 'a sudden catching of the breath, clutching randomly with the hands, sudden closing of the eyelids, puckering of the lips, then crying'. These responses are present at birth. Watson found no original 'fear' of the dark, and postulated correctly that later fear of the dark in older infants was due rather to the absence of familiar associated stimuli.

<sup>5</sup>In the chapter on Analysis of Anxiety (*The Problem of Anxiety*, pp. 105-107) Freud postulates a kind of anxiety signal which is different from the anxiety reaction itself, but sees the first as derived from the second, the latter being operative in the development of the actual neuroses, the former of the psychoneuroses. 'But when it is a matter of an "anxiety of the id", one does not have so much to contradict this as to emend an infelicitous expression. Anxiety is an affective state which can of course be experienced only by the ego. The id cannot be afraid, as the ego can; it is not an organization, and cannot estimate situations of danger. On the contrary, it is of extremely frequent occurrence that processes are initiated or executed in the id which give the ego occasion to develop anxiety; as a matter of fact, the repressions which are probably the earliest are motivated . . . by such fear on the part of the ego of this or that process in the id. We have good grounds here for once again distinguishing the two cases: that in which something happens in the id which activates one of the danger situations to which the ego is sensitive, causing the latter to give the anxiety signal for inhibition; and that in which there develops in the id a situation analogous to the birth trauma, which automatically brings about a reaction of anxiety. The two cases are brought into closer approximation to each other if it is emphasized that the second corresponds to the initial and original situation of danger, whereas the first corresponds to one of the anxiety-occasioning situations subsequently derived from it. Or, to relate the matter to actually existing disorders: the second case is that which is operative in the aetiology of the "actual" neuroses, the first is characteristic of the psychoneuroses.' What I am suggesting sounds as though it were comparable to this distinction, but it is really quite at variance with it.

<sup>6</sup>Watson, John B.: *Psychology from the Standpoint of a Behaviorist*. New York: J. B. Lippincott, 1919.

The conditions which he found capable of producing a 'fear' response were: (1) sudden removal of all means of support, *i.e.*, dropping the child (or this same condition in a lesser degree — namely the pulling or jerking of the blanket or the sudden sharp pushing of the infant itself when the child is falling asleep or just awakening, and (2) loud sounds made near the child. Thus we see here a response (with the addition only of the cry) similar to the one which presumptively is called forth *in utero*, and provoked by the reversal of the most favorable mechanical features of intrauterine life, namely, the full support of the foetus, and the presence of a shock-absorbing fluid pad. The reaction to noise both in intrauterine life and immediately after birth raises the interesting problem as to whether this is real hearing or whether it is a tactile reaction to vibration. In favor of its being a reaction to actual hearing are the facts that embryological research has shown that the ear is functionally complete in anatomical structure and nerve supply long before birth,<sup>7</sup> and that many clinical observations of prematurely born infants indicate that they are almost uniformly hypersensitive to sound; also that foetal reactions are greatest when the sound stimulus is applied over the foetal head. Of this reaction to sound I shall have more to say later in the paper. It seems possible in fact that the intrauterine situation in which the foetus is surrounded by water may furnish conditions in which sound is actually magnified: that is, the amniotic fluid may absorb mechanical shock but amplify sound.

The behavior which Watson characterizes as 'rage' is indicated in the newborn infant by 'stiffening and fairly well-coördinated slashing or striking movements of the hands and arms. The feet and legs are drawn up and down; the breath is held until the child's face is flushed. These reactions continue until the irritating situation is relieved, and sometimes beyond. Almost any child from birth can be thrown into rage

<sup>7</sup> Streeter, G.: *On the Development of the Membranous Labyrinth and the Acoustic and Facial Nerves in the Human Embryo*. *Am. J. Anat.*, VI, pp. 139-166.

if its movements are hampered; its arms held tightly to its side, or sometimes even by holding the head between cotton pads'. Here I would emphasize that this behavior appears as an aggressive reactive response to situations which are at least faintly reminiscent of the recent birth experience, in which the child was perforce helpless and the victim.<sup>8</sup>

Watson designates as 'love' the response characterized by cessation of crying followed by smiling or gurgling, but does not differentiate between a positive pleasure gained and relative pleasure from relief of fear or discomfort. This pleasure response he sees produced as the result of stroking, tickling, gentle rocking, patting and turning upon the stomach across the nurse's knee. I do not know that it is necessary to comment further upon this here. These behavior reactions of newborns described by Watson would appear then as centrifugal and centripetal responses possibly correlated with disturbances of intrauterine life in the case of 'fear', and with prolonged or difficult birth processes in the case of 'rage'. This is too schematic, however, and I shall presently be in danger of over-emphasizing a contrast beyond its value. Certainly in most instances they would combine and reënforce each other. In brief then, I would raise the question of a preanxiety intra-uterine response to (threatening) stimuli, consisting of reflex oral, muscular, cardiac and possibly prerespirstory reactions. This precedes the anxiety pattern established by the birth

<sup>8</sup> Watson's division of the behavior into 'Fear' and 'Rage' has been questioned by other writers. I am concerned here, however, with the actual observations, rather than with his theoretical designations. While there is a considerable literature also on the related phenomena of the Moro reflex and the startle pattern in infants and adults, I do not wish now to become involved unnecessarily in these questions. From going over a number of reports in the literature it seems that reactions of newborns to loud sound and to loss of support are generally observed while the active reaction to confinement of motion is less constant. (Some writers describe the slashing rage-like movements only in some babies, while other babies show a quieting of activity.) This suggests to me that such behavior of the newly born babies varies, perhaps according to the pressure and firmness with which the infant is held, intense pressure producing the active 'rage-like' reaction: lighter holding pressure falling in the same category as patting, stroking, supporting stimuli, provokes the quieting response which Watson designated 'love'.

trauma, and probably augments it. It is inconceivable to me that there should be much psychic content to this, and it may indeed be the stuff of which blind, free floating, unanalyzable anxiety is constituted—sometimes adding just that overload to the accumulation of postnatal anxiety which produces the *severe* neurotic.

There is one other phenomenon sometimes associated with birth to which I would now call attention: the frequent appearance in male babies of an erection immediately after birth. (In a subsequent paper I shall have something to say regarding the corresponding reaction in the female.) Although this phenomenon has been frequently observed clinically, I am under the impression that systematic studies of its occurrence are lacking. It has mostly been observed and then passed by. There is a possibility, however, that its occurrence immediately following birth is not merely coincidental but is the result of stimulation by the trauma of birth itself. In a verbal communication from one of the obstetricians on the New York Hospital staff, I learned that erections in male babies are not the rule but are by no means rare. The erection is usually present immediately after birth. As this man described it, 'I turn the baby over, and there it is. I have to be careful not to clamp the penis in with the cord.' It had never occurred to him to consider the cause of these very early erections and he had no idea whether they were in any degree correlated with birth traumata or prolonged births. Again I ask, is there any correlation of such birth erections with anomalies or disturbances of the birth process resulting in more than the ordinary — and presumably benign — sequela of tension?

That extreme emotional excitation may be accompanied by an orgasm even in adults has also been noted<sup>9</sup> and is in line with Freud's early conception of the overflow of dammed up

<sup>9</sup> Freud: *Three Contributions to the Theory of Sex*. Fourth Edition. Nervous and Mental Disease Publishing Co., 1930. p. 62.

Köhler, in his observations on chimpanzees, noted that any very strong emotion 'reacted on the genitals'. (*The Mentality of Apes*. New York: Harcourt, Brace and Co., 2nd Ed., 1927. p. 302.)



libido. Cannon, approaching the same phenomenon from a physiological angle, says in discussing this, 'Certain frustrations which bring about strong emotional upheavals characteristically energize at least some parts of the parasympathetic division. . . . Great emotion, such as is accompanied by nervous discharge via the sympathetic division, may also be accompanied by discharges via the sacral fibres. . . . The orderliness of the central arrangements is upset and it is possible that under these conditions the opposed innervations discharge simultaneously rather than reciprocally'.<sup>10</sup> Later he states that 'any high degree of excitement in the central nervous system — whether felt as anger, terror, pain, anxiety, joy, grief or deep disgust — is likely to break over the threshold of the sympathetic division, and disturb the functions of all organs which that division innervates'.

Mrs. Margaret Blanton, in some observations on the behavior of the human infant during the first thirty days of life, published as far back as 1917,<sup>11</sup> noted that erections occur immediately after birth, and mentioned specifically erections in four different babies whom she studied. Although this study meticulously and objectively recorded the infant behavior, even measuring the angle of the erection, it is unfortunately of little value for our purpose as no systematic record of the behavior in relation to the infant's biography to date is given; nor was the total number of infants observed specifically mentioned, leaving us thus in the dark as to the frequency of the observation. Mrs. Blanton made some other interesting and rather striking observations, however, which may possibly fit in with and certainly do not contradict the line of my questioning. She noted sneezing as occurring even before the birth cry. Strong rubbing (in contradistinction to patting or stroking — the rubbing, for instance, of the first real cleansing of the body) is accompanied, she says, by the most intense screaming

<sup>10</sup> Cannon, W.: *Bodily Changes in Pain, Hunger, Fear and Rage*, 2nd Ed., Appleton, 1929.

<sup>11</sup> Blanton, M.: *The Behavior of the Human Infant During the First Thirty Days of Life*. *Psychological Rev.*, XXIV, 1917. p. 456.

and rage-like reaction that the infant showed at any time during this first month of life. The screaming is most intense of all when there is vigorous rubbing of the scalp and of the back. I would point out here that these are obviously the areas of body surface which have been most exposed to trauma during the birth process. She also remarks that the kinesthetic sense is probably the earliest developed of all the senses, appearing, as may reasonably be supposed, before kicking does in the fourth or fifth month. (What is the basis of this conclusion?) She quotes Miss Millicent Shinn (Notebook No. 2) as referring to the quieting influence of monotonous jarring as compared with smooth motion. Mrs. Blanton observed that walking with a baby quiets it even on the first day, and that in her experience, babies almost never cried when being carried through the hospital corridor. This too seems to support Ferenczi's and Freud's suggestion of the practical continuum of foetal and postnatal life; for the foetus has, in fact, been accustomed to being carried for nine months subject to the rhythmical motion of the mother's walking.

In regard to finger sucking, Mrs. Blanton enumerates a number of instances occurring almost immediately at birth, the hand to mouth movement being so well established as to leave little doubt that it had already been established earlier. Here again we regret the lack of a systematic recording of the observations for each child. She indicates, however, that the finger sucking was sometimes especially strong in otherwise weak or disturbed infants. 'One baby (a blue baby) two hours old, put fingers directly into the mouth. Another, a caesarian delivery, very feeble, was seen sucking two fingers so vigorously, it required a decided effort to remove them. She [the infant] put them back at once without trouble. . . . Another, a malformed baby [type of malformation not specified], at ten days and in a dying condition, put finger in his mouth after four trials, and the sucking reflex was moderately good.' This is circumstantial evidence, to be sure, but it is especially interesting that these are the instances specifically noted.

I have recently come upon some further observations from

a psychological laboratory which are somewhat supportive, though not conclusive, of the suggestions I have indicated. This is the experimental work of Dr. Henry M. Halverson of Yale.<sup>12</sup> Dr. Halverson studied reactions of ten male infants, varying in age from one to forty-three weeks, who were subjected to various nursing situations. Here again the observations are mitigated for our purpose by the psychological interest in the experiment rather than the infant. Even so, Dr. Halverson's results are extremely interesting to us. He observed erections of the penis occurring quite frequently during some nursing situations; actually sixty times in two hundred and twelve different situations of eight different types.<sup>13</sup> It is first to be noted that the erections took place characteristically (with the exception of the first situation) in situations in which there was some frustration in the nursing—delay, difficult nipple, removal of breast or nipple. There were three situations in which there was an especially high frequency of erections in proportion to the frequency of the situation: (1) in sucking at a difficult nipple, where erections occurred twenty-four times in twenty-nine such situations; (2) on removal of the breast (prematurely), where erections occurred ten times in fifteen such situations; and (3) during sucking at an empty (air) nipple, where erections occurred thirteen times in thirty-nine such situations. On the other hand an erection occurred on removing the difficult nipple only once out of twenty-nine such situations. (Chart 1.) Halverson does not make clear whether this single instance was in an infant who had had no erection during the nursing on the difficult nipple but had developed one on its removal, or whether one of the twenty-four infants was doubly stimulated by frustration: first by the difficulty of the nipple, and then by the removal

<sup>12</sup> Halverson, H. M.: *Infant Sucking and Tensional Behavior*. J. of Genetic Psychol., 1938, LIII, pp. 365-430.

<sup>13</sup> The eight type situations were: (1) when the infant was being carried by the nurse, (2) two-minute delay in feeding, (3) breast removed, (4) easy nipple removed, (5) sucking at difficult nipple, (6) difficult nipple removed, (7) sucking at empty nipple, and (8) empty nipple removed.

of even this modicum of sucking comfort. Halverson also remarks that erections never occurred during sucking at the breast or at an easy nipple. The appearance of tumescence, according to Halverson, 'occurred decidedly most often associated with vigorous body movement, and fluctuating gripping

FREQUENCY AND NUMBER OF ERECTIONS	Fre- quency No. of of Erec- Situation tions	
1. Infant carried or held by nurse.....	29	3
2. Two minute delay in feeding—gripping pres- sure only .....	29	5
3. Breast removed .....	15	10
4. Easy nipple removed.....	3	1
5. Sucking at difficult nipple.....	29	24
6. Difficult nipple removed.....	29	1
7. Sucking at empty nipple.....	39	13
8. Empty nipple removed.....	39	3
<b>TOTAL .....</b>	<b>212</b>	<b>60</b>

(from Halverson)

CHART 1

pressure with the infant quiet or quieting'. In other words, the tumescence was associated with a general reaction to the frustration and did not appear as an isolated phenomenon.

The author also correlated the situations of the appearance of tumescence with those of detumescence. (Chart 2.) This brings out some striking findings: viz., that in ten instances where erections occurred in sucking at a difficult nipple, they disappeared when an easy nipple was given; and in nine cases where erections occurred when the breast was withheld, they disappeared when the breast was restored. These findings seem outstanding, as they indicate the importance of frustration excitement in the situation of tumescence. Halverson again summarized the behavior as follows: 'Tumescence is accom-



panied by restlessness, frequent fretting or crying, marked alterations in muscular tension and vigorous body movements, most of which have no connection with sucking activity. Detumescence is accompanied by general quiescence, during which the muscles may be relaxed or in a state of sustained tension' (p. 412). (The italics are mine, as I would emphasize

## FEEDING

## CONDITIONS UNDER WHICH ERECTIONS DISAPPEARED

FEEDING CONDITIONS UNDER WHICH ERECTIONS OCCURRED	Sucking at easy nipple	Breast restored	Weak sucking and mouthing	Resting and mouthing	Sucking air	Resting	Sucking at own bottle	Nipple removed	Sucking at difficult nipple	Weak sucking	Infant removed
Sucking at difficult nipple.	10	..	2	4	2	2	1	1	2	..	..
Sucking air .....	1	..	3	1	1	2	1	..	1	1	1
Withholding breast .....	1	9	..	..	..	..	..	..	..	..	..
Delayed feeding—gripping pressure only .....	1	..	..	..	1	..	3	..	..	..	..
Delayed feeding—held by nurse .....	..	..	..	..	..	1	1	..	..	..	..
Sucking air—nipple removed .....	1	..	..	1	1	..	..	..	..	..	..
Easy nipple removed.....	1	..	..	..	..	..	..	..	..	..	..
Difficult nipple withheld .....	..	..	..	..	..	..	..	..	1	..	..

(from Halverson)

CHART 2

here that this might appear then as a residual tension, or paradoxically, comparative relaxation.) The author believes that erections are probably quite common from birth, but are not observed because of the presence of clothing and the general taboo against noticing this phenomenon.

While these results of Dr. Halverson's experiments are harmonious with the assumption of anxiety even to the point of accumulation and a general overflow, any evidence of the association of any such susceptibility to discharge of anxiety or the possible correlation of it with the disturbances of the

prenatal, natal, or very early postnatal experiences is lacking, as the experimenter made no effort to view his material from this angle. Here, however, is a useful field for observation if the coöperative interest of the obstetrician and the pediatrician can be obtained; and while we still lack direct observations (which Freud so earnestly wanted) as to the effects of difficult birth, this nevertheless seems possible, and even a step nearer of attainment.

There are two other groups of observations in fields adjacent to psychoanalysis that contain facts of some relevance to the problems I have been discussing: (1) pathologicoanatomic evidences of the degree of trauma resulting from birth or conditions associated with birth; (2) clinical observations on very young, prematurely born children.

Concerning, first, the pathologicoanatomic evidences of trauma occurring at birth, there are many facts available. The mass of evidence is that *cerebral injury resulting from birth is very much more common than one might suppose*. There is an excellent review of this subject in a monograph by Ford published in 1926,<sup>14</sup> from which I shall select some findings pertinent to our problems. While the study indicated that birth trauma did *not* play the etiological rôle in the spastic paraplegias and hydrocephalus that had been assigned to it,<sup>15</sup> the secondary implications of the study are important. The pathologicoanatomic study was made of course on the dead victims of the birth struggle; but the author notes, 'There is some evidence that intracranial hemorrhage occurs in babies who survive and may even show no clinical signs of (gross) birth injury. . . . Old blood pigment is found in the meninges of babies up to the ninth month even where there is no (clinical) evidence of injury at birth.' Routine lumbar punctures done within a few days after birth show modified blood

<sup>14</sup> Ford, F. R.: *Cerebral Birth Injuries and Their Results*. Medicine, V, 1926, pp. 121-191.

<sup>15</sup> It is of incidental interest that this was the conclusion of Freud also, in a monograph published by him in 1897 on *Cerebral Birth Injuries*.

in the cerebrospinal fluid in a surprising number of instances without clinical indications of trauma.<sup>16</sup> Please do not think that I am implying that anxiety comes from blood in the meninges. I emphasize these facts simply because such a finding is a positive indication of one kind of trauma associated with birth and is in some measure an index of the degree of trauma occurring.

The same study also gives evidence that injury to the cerebrum, even to the extent of petechial hemorrhages in the white matter, results not so much from the trauma of the birth process as from asphyxia and strangulation which may occur with birth and may also occur in some degree through circulatory disturbances if the cord is caught around the foetal neck *in utero*.

Other pathologicoanatomic findings of note are evidences of disturbances of intrauterine life which leave gross effects on the foetus, without any clinically observable disturbances in the maternal health. Some foetal disturbances formerly thought to be due to defects in the germ plasm or to accidents at birth are evidently caused rather by local foetal illness. We are quite used to the idea that the foetus may suffer from systemic maternal disease; but it is pointed out (by Ford and Dandy) that in hydrocephalus, in which mechanical birth trauma was previously thought to play an important part, examination reveals adhesions and structural changes of meningitis resembling closely those found in meningococcus meningitis in adults, and that such occur without being associated with any history of maternal illness. There is further evidence of a very high incidence of intracerebral hemorrhage in prematurely born babies where the effect is not so much due to the pressure of labor as to the state of unpreparedness for extramural life of the tissues of the infant at the time of birth. Much greater sensitivity of the skin and fragility of the cutaneous and retinal

<sup>16</sup> Ford quotes a report of blood in 14% of the cerebrospinal fluids obtained by routine lumbar puncture following birth in 423 colored babies. Only 6% of these babies had shown any clinical evidence of cerebral lesion, and less than 3% died.

vessels have been demonstrated in prematurely born babies than are found in the infants born at term.

It is well known that infants born without any cerebral hemispheres<sup>17</sup> may, none the less, carry out all the normal early activities, including sucking and crying. Evidently then, these may exist at first entirely at a reflex level. Severe cerebral injury, however, seems to add signs of cortical irritation: localized twitchings and convulsions.

These findings seem to me important as indicating the frequency, the intensity and the far-reaching effects of birth trauma and of the variations in the birth process. They suggest the possible intensification of the organization of the anxiety pattern at birth at a reflex level and in the absence of psychic content. How this psychic content may later develop, partly out of dawning self-awareness during the first months of extra-uterine life, and partly elaborated through and coalescing with the infantile birth theories of the young child with contributions from the stories he hears regarding his own birth—this I hope to consider a little more definitely in a subsequent paper dealing with the clinical pictures in some cases of severe anxiety hysteria.

Surveying the clinical observations on young prematurely born children, we find interesting facts. There are two particularly important studies of behavior, one by Shirley<sup>18</sup> at the Child Development Center in the Harvard School of Public Health, the other by Mohr and Bartelme<sup>19</sup> in Chicago. Neither of these gives us the very early day by day observations we desire, but they at least present some controlled observations. Shirley's report is the more valuable to us because it includes observations on sixty-five infants made periodically from three months to five years, while the other studies include fewer very

<sup>17</sup> Two such infants were born at the Johns Hopkins Hospital during the ten years I was associated with that hospital; numerous other instances have been reported elsewhere.

<sup>18</sup> Shirley, Mary: *A Behavior Syndrome Characterizing Prematurely Born Children*. Child Development, X, No. 2, 1939.

<sup>19</sup> Hess, Mohr, and Bartelme: *The Physical and Mental Growth of Prematurely Born Children*. University of Chicago Press, 1934.



young children. Shirley states that young prematurely born children (those up to the age of two and one-half years) were much more keenly aware of sounds and very early seemed more interested in their meaning than full term babies of the same age. They were distracted by footfalls, voices, and incidental noises. Older prematures (those in the two-and-one-half to five-year-old group) often manifested the 'hark' response, stopping in their play and whispering in a startled voice, 'What's that?' at the hiss of a radiator, the chirp of a cricket, or the dropping of a paper. Premature babies were more fascinated by a yellow pencil used in the test than were full term infants. Yellow objects were definitely preferred to red ones, and this preference for yellow seemed in many instances to persist through the early years. Premature babies seemed also to be more keenly aware of ephemeral visual phenomena like shadows, smoke plumes, dancing motes in a sunbeam, or reflections thrown by a mirror. The observer thought, however, that this visual-sensory sensitivity was less marked and less easily checked than the other characteristics she noted. Although premature babies seemed to respond as well as 'normal' babies in comprehension of speech and in making attempts to imitate words, they had more difficulty in achieving correct pronunciation, persisted longer in baby talk, and showed substitutions of letter sounds. (Mohr and Bartelme reported a higher percentage of stammerers in older prematures.) In general, prematures showed difficulty in manual and motor control. They had difficulty in pointing, showed tremors readily, spilled and scattered objects, and frequently went 'all to pieces' after making especially sustained efforts at manual manipulation. They were delayed in walking and tended to be clumsy. In activity, they went to extremes, tending to be soggy and inert or to be over-active and distractable, and had short spans of attention. In the older group (two and one-half to five years of age) these children might continue to work or play 'at a high level of interest and concentration until they collapsed in rage from fatigue and frustration'. The author also notes that premature children stood out above others in the desire to create artisti-

cally (especially through drawing and painting), although they were conspicuously less able, because of their poor motor coördination, to produce very effective results. The emotional responses of the prematures were noted generally to be volatile, with marked petulance, irritability, shyness, and a tendency to explode in a panic or a tantrum. There was a greater incidence of enuresis and day dribbling in the prematures than in others. The author submits no findings about thumb sucking, but Mohr and Bartelme reported that more than 20% of their group showed thumb sucking which persisted beyond twenty-eight months of age. In an attempt to make a quantitative study of these characteristics, Shirley made observations of premature infants comparing them with an equal number of observations of infants born at term. Here are three tables adapted from her report:

CHARACTERISTICS SHOWN IN TEST SITUATIONS

	50	50
Age group (6-24 months)	Prematures	Controls
Interest in yellow pencil.....	16	0
Distraction by sounds.....	36	6
Throwing toys around.....	30	6
Banging and slapping toys.....	20	10
Trembling and shuddering.....	18	10
Hesitate to touch toys.....	10	12
Comprehend but refuse to perform.....	18	8
Seek adult help.....	22	6

CHART 3

(from Shirley)

CHARACTERISTICS SHOWN IN TEST SITUATIONS

	22	22
Age group (2½-5 years)	Prematures	Controls
Very distractible.....	45	13
Distracted by sounds.....	18	4
Short attention span.....	13	9
Trembling.....	9	4
Throwing toys around.....	13	9

CHART 4

(from Shirley)

## CHARACTERISTICS MANIFESTED DURING PLAY PERIOD

	30	30
	Prematures	Controls
Age group (2½-5 years only)		
Remarks about unusual sounds.....	67	37
Speech difficulties.....	60	23
Crying in play room.....	80	57
Rapid change from toy to toy.....	43	23
Jittery—nervous.....	83	27
Bowel movement during play.....	40	30
Five or more urinations.....	27	12

CHART 5

(from Shirley)

Although these findings by Shirley, some but not all of which have been confirmed by other observers, deal predominantly with children already old enough to be surrounded by complicated life situations possibly outweighing the single factor of prematurity, the picture gives the impression of markedly increased infantile anxiety. How much this is due to the discrepancy between the earlier time development of sensory sensitivity and the later motor coördination, and how much it may be due to the traumatic factor, is not clear.

To summarize, (1) there is evidence of the possible existence of a preanxiety reaction occurring in foetal life, consisting objectively of a set of reflex reactions; (2) there seems to be an increase in the intensity of such responsiveness occasioned by the presence of untoward conditions of the prenatal, natal, or immediately postnatal period, such an increase presumably leaving a kind of deepening of the organic stamp in the pattern of response; (3) it seems evident that this preanxiety response is, in the foetal period, devoid of psychic content and probably is to be regarded as pure reflex whereas the birth experience, especially where there is severe trauma, would seem to organize the scattered responses of the foetal period with the addition of the birth cry and what it entails, into the anxiety reaction of which birth itself has been considered the prototype; (4) although the prenatal period is, as Ferenczi pointed out and Freud emphasized, practically a continuum with the postnatal

life, the *cæsura* of birth has not only the organizing effect of a single momentous event, but it also marks the threshold at which 'danger' (first probably in the sense of lack of familiarity) begins to be vaguely apprehended and it is therefore the first dawn of psychic content.

There are other problems which suggest themselves along these lines. There is first the question of whether an increased overload of preanxiety, something felt presumably as simple organic tension, is capable of producing a diffuse overflowing reaction including at one and the same time oral, sphincter, and genital stimulation at a reflex level. Further, is it possible that chance touching of the mouth by the hand may produce a premature oralization on the basis of the very earliest auto-erotic response tending to promote relaxation of tension? Again, is similar specialized sensitization possible in the case of other zones, anal and genital? We ask, in other words, whether repeated accumulated simple organic tension of the foetus, diffusely discharged, might not deepen reflex response reactions in a way which would anticipate and tend to increase the various later polymorphous perverse stages; or whether some libidinal phase, probably most frequently the oral, might not be accentuated by being anticipated in foetal life, and a preliminary channelization for discharge established.<sup>20</sup>

### III

I am quite aware that these borrowed observations are by no means conclusive, and that it may justly be said that I am conjecturing. Having committed myself thus far, however, I

<sup>20</sup> Gesell and Ilg (*Feeding Behavior of Infants*. New York: J. B. Lippincott, 1937) quote Minkowski as eliciting an oral reflex associated with movement of the leg when lips were stroked in a foetus at the beginning of the second lunar month of intrauterine life. Opening and closing of the mouth appeared as a discrete local reflex at about the eighteenth foetal week. They conclude that 'it is safe to say that many of the elementary neural and muscular components of sucking and deglutition are prepared as early as the third or four month. . . . Even the hand to mouth reaction is anticipated in utero.' (p. 15) Gesell notes (p. 123) 'that more boys than girls are thumb suckers; and also that thumb suckers are good sleepers, but otherwise are inclined to be more rather than less active and given to sudden fatigue'.



shall go further and ask, 'What might be the effect of such early increase in the anxiety potential, provided this does occur, on infantile narcissism?'

Now narcissism is difficult to describe or define. It is, one might say, the great enigma of life, playing some part at one and the same time or in alternating phases in the drag of inertia and in the drive to the utmost ambition, and contributing its share to the regulating function of the conscience. Freud speaks of the 'narcissistic libido' of the foetus, in the passage already quoted, and suggests that its gross economy is disturbed by birth. We can hardly think of the foetal narcissistic libido being more than a degree of sensitivity and susceptibility to stimulus, bringing about the response which I have characterized as the reflex antecedent of the later anxiety response. Freud speaks elsewhere of narcissism as the 'libidinal complement to the egoism of the instinct of self-preservation, a measure of which may justifiably be attributed to every living creature'.<sup>21</sup> This is an extremely significant statement, for it implies that narcissism is coincident with life throughout and that narcissistic libido is in fact to be found wherever there is a spark of life. We can readily see then, that there is a peculiar complexity to the conception of narcissism in the foetus which occupies a unique position between individuation and functioning as part of a whole larger than itself. Practically, however, we would think that in the foetus the narcissism is reduced to its simplest terms, being almost or entirely devoid of psychic content. I can only think that the disturbance of the gross economy of foetal narcissistic libido which occurs at birth is just this: some transition from the almost complete dependence of intrauterine life to the very beginnings of individuation, at least to the quasi-dependence outside the mother's body instead of the complete dependence inside. That this transition is accomplished with a marked increase of tactile, kinesthetic, and light stimulation seems evident.

<sup>21</sup> Freud: *On Narcissism*. Coll. Papers, IV, p. 31.

There are some attributes, derivatives or forms of postnatal narcissism with which we are familiar under whatever names: (1) the sense of omnipotence with its derivatives; (2) the overvaluation of the power of the wish and (3) the belief in the magic power of words; (4) the mirroring tendency, derived partly from primary narcissism and partly from an imperfectly developing sense of reality, the two in fact being hardly distinguishable. It seems to me quite evident that an increased early infantile anxiety can be expected to be associated with a complementary increase in the infantile narcissism (cf. Freud's statement quoted above); that in fact excess narcissism develops as part of the organism's overcoming of the excess anxiety before it can function even slightly as an independent unit in the environment. We might figuratively refer to the simplest primary narcissism in its relation to anxiety as surface tension which may be great or little according to the organism's needs. It is evident that in the birth experience the cry of the newly born infant is the main addition to the prenatal activity, and while it seems largely determined by reflex responses, it is quickly assimilated into behavior both as a primitive emotional expression and a call for attention. That this latter function continues to be utilized in a way to materialize or substantiate omnipotence need hardly be remarked. The cry, in one sense, is the simplest forerunner of speech, though originally appearing as a simple discharge of nervous excitation.

In this paper, I am not concerned with the vicissitudes of speech development other than to point out that the belief in the magic power of words is probably in line of descent from the utilization of the cry of rage at birth.

The 'mirroring' part of narcissism I believe has its simplest beginning in the incomplete psychic differentiation of the infant from its surroundings, which now include the mother—in the change in foetal narcissistic libido economy entailed in beginning individuation, in the pinching off of the amoebic pseudopod, to use a homely biologic metaphor. I am inclined to believe that this involves dim psychic content from the time

of birth, content which is closely related to and dependent on vision, and which develops almost as early if not coincidentally with the cry as a means of communication. Mrs. Blanton noted that a large percentage of babies fixate on light at birth; other authors have noted that even within the first few weeks babies seem to have some recognition of a familiar face and cry when confronted with an unfamiliar one. I am inclined to believe that probably quite early this tendency to cry, i.e., to show an anxiety response to the unfamiliar, becomes augmented by another factor, something which I would characterize as a kind of visual and kinesthetic introjection of those around the infant. The child reacts with a puckered, worried or tense expression when people around are cross or gloomy. This may come about through an association of mild discomfort (the restricting, frustrating sensations of being held or handled by a tense and jerky nurse or mother) with the gloomy expression which it sees; nevertheless the infant soon seems to make the connection directly, an anxious nurse being reflected in an anxious baby without the intermediate kinesthetic link. This is an observation of which sensitive nurses are quite aware. This is a kind of centripetal empathy; perhaps introjection still remains the best word. At any rate I believe that babies vary greatly in this obligatory capacity to reflect those around them, and that it is the tense, potentially anxious infant that is the most sensitive reflector. This may, indeed, have something to do with the peculiar clairvoyant quality sometimes encountered in severe neurotics, and may be even more closely related to the marked facility of identification in severe hysterics who so readily assume the symptoms of those around them.

The infant's developing adaptation to the outer world soon proceeds, however, beyond this introjective stage to a more definite sensing of the environment as separate from itself, involving in this, however, oscillations between introjection and projection. In Freud's article 'Negation',<sup>22</sup> he described

<sup>22</sup> *Imago*, XI, 1925.

the preliminary ignoring of reality as a transition stage in its acceptance, and stated that acceptance itself implies a second stage of verification—the perception that the unpleasant experience is *really* true. Freud says in this paper, 'The first and most immediate aim of testing the reality of things is not to find in reality an object corresponding to the thing represented, but to *find it again*, to be convinced that it is still there.' This is certainly familiar enough in the experience of adult life when one sees some particularly shocking sight: there is an initial anxious tendency to block it out, and only by actually reviewing it or recalling it visually is it finally assimilated as a fact. This is, indeed, the familiar abreaction. All this is discussed in Ferenczi's paper *On the Acceptance of Unpleasant Ideas*,<sup>23</sup> as well as in his earlier one (1913) *On Stages in the Development of a Sense of Reality*, in which he endeavored to show also that the fixation point of the psychoses occurs at this stage. Now this touches what I have thought about the severe neuroses: that where infantile predisposition to anxiety is great due to an overload of potential in the prenatal, natal, or immediate postnatal experience or the combination of this with constitutional factors, new anxiety occurring at this period might pull down the whole load as it were, and by its peculiar paralyzing effect on the organism, impair the sound synthesis of these two stages of reality. Such patients often have, in fact, an extraordinarily clear and vivid visual representation of reality, but one which is insecure and easily dislodged. This disturbed or fragile sense of reality is observed clinically in connection with the too easy identification of such patients with those around them. They are hunting eternally for satisfactory and secure models through which they may save themselves by a narcissistic identification.<sup>24</sup> On

<sup>23</sup> Ferenczi, Sandor: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Institute of Psycho-Analysis and Hogarth Press, 1926, p. 367.

<sup>24</sup> Do Wittels' 'Phantoms' have their inception here? Cf. Wittels, F.: *Unconscious Phantoms in Neurotics*. This *QUARTERLY*, VIII, 2, 1939. *Psychology and Treatment of Depersonalization*. *Psa. Review*, XXVII, 1, 1940.



the surface it appears later as a scattered, superficial pseudo competitiveness.

While I have laid considerable emphasis in this paper on the possible exigencies of intrauterine life and the trip through the birth canal, I believe that severe traumata occurring during the first weeks of postnatal life would have a comparable effect. I would again emphasize that I see these factors as producing a *predisposition to anxiety* which combined with constitutional predilections might be an important determinant in producing the severity of any neurosis; for such anxiety is a burden, ever ready to combine with new accesses of anxiety later on in childhood and throughout life.

I know that in presenting this paper, I run some risk of being misunderstood. It is possible that the same human tendency to which Freud refers (in the footnote at the beginning of the article on the Dynamics of Transference that I have already quoted), the tendency to narrow the conception of causes to a single cause, or to single out only one adversary to be attacked, may cause some to conclude that I am just dusting off and reviving the birth trauma theory with slight modifications and an intrauterine embellishment, and that I am thereby avoiding dealing with the events of the first few years of life. This is not my intention. If I did so, I should be reducing treatment to a very fatalistic management basis—little better and no deeper than therapy by adroit management of the current situation of the patient which, to be sure, is so often necessary in psychiatric practice. I hope that by bringing this possible misconception to the fore in advance, I may at least partially forestall it. In a later paper I shall present some clinical material with a statement of what I have found useful in treatment of these especially severe neuroses. I shall indicate the ways in which I believe this excess narcissism and anxiety may be managed during the course of analysis—the ways which must be used, in fact, in order that a 'regular' analysis dealing primarily with the disturbances of libidinal development may proceed. Certainly the excess of narcissism in these cases is the presenting and terrifying prob-

lem to the analyst. But I am inclined to think that the narcissism can be educated sufficiently, if it is carefully done, to permit the patient to stand the pain of the analysis, provided that due heed is given at the same time to the blind anxiety which is the cornerstone of this insecure character structure. Much can be salvaged for such patients, many of whom are talented, intuitive people.

### *Summary*

Freud considers that anxiety is the reaction to danger, and that birth is the prototype of the anxiety reaction. He sees this, however, as operating through the assimilation into the constitution (genetically) of the endless procession of the births of our forefathers. He doubts the importance of the individual birth experience in influencing the quantum of the anxiety response, largely because the birth experience is without *psychological* meaning; at the same time, nevertheless, he emphasizes the continuity of the intrauterine and the postnatal life.

From the various experimental and clinical observations cited, the question arises whether we may not look at this in a different way. The anxiety response which is genetically determined probably manifests itself first in an irritable responsiveness of the organism at a reflex level; this is apparent in intrauterine life in a set of separate or loosely constellated reflexes which may become organized at birth into the anxiety reaction. How much this total reaction is potentially present but not elicited before birth, and how much birth itself may, even in the individual life, play a reënforcing or an organizing rôle, is not clearly determinable at present. Certainly, however, 'danger' does not begin with birth but may be present earlier and provoke a foetal response which is inevitably limited in its manifestations and exists at an organic rather than a psychological level. Variations in the birth process may similarly increase the (organic) anxiety response and heighten the anxiety potential, causing a more severe reaction to later (psychological) dangers in life. Painful or uncom-

fortable situations of the earliest postnatal weeks, before the psychological content or the means of defense have been greatly elaborated, would similarly tend to increase the organic components of the anxiety reaction.

Observations on the special reactions of the foetus in intra-uterine life and at birth give rise to new questions as to the effect of these on the later libido development. Further, where there is an increase in the early anxiety there is an increase in the narcissism. This situation favors an inadequate development of the sense of reality and furnishes additional predisposition to the development of especially severe neuroses or borderline states.

## A CASE OF STUTTERING

BY ELSE HEILPERN (TOPEKA)

Stuttering has been thought of in many ways, especially as a disease on the organic neurophysiological level. It has been envisaged as a manifestation of a relative reduction in cortical control resulting in the absence of an excitation in the central nervous system of sufficient potency and complexity to integrate the complete mechanism of speech. The management of stutterers has been attempted by physical and mental hygiene, by the unification of motor leads, by writing and speaking exercises. Not until the dominant importance of the functional disturbance of the speech function was recognized was it possible either to discover an adequate explanation or a successful treatment of stuttering.

The understanding of stuttering has been developed particularly through psychoanalytic investigation. From insight into the stutterer's previously hidden unconscious mechanisms, a specific therapy has been evolved.

The investigation of stuttering ranges from vague and general statements to the most precise and detailed insight. Flügel in a note on the phallic significance of the tongue, rests content to say: 'Although the psychical mechanisms connected with stammering have not yet fully been revealed, it is clear that they are closely connected with feelings of inferiority, and perhaps also with ideas of castration'. Stekel (*Nervöse Angstzustände*) gives correct diagnoses, but does not go far enough in analysis. Appelt (*The Real Cause of Stammering*) believes a physiological predisposition, weak nerves of speech, to be determinant of stammering as one form of expression of a repressed complex. Eder in his account of two interesting cases (*Stuttering, a Psychoneurosis, and its Treatment by*



Psycho-Analysis) gives many important factors: homosexuality, masturbation, anal eroticism, identification with the father, return to baby speech, humiliation, secretiveness, etc.; but he is more interested in proving the connection with repression and sexual disturbance than in giving precise dynamics.

Abraham in Berlin related the case of a stutterer who at three to four years of age was an elocutionist admired for his recitations in poetry. Freud noted that as children stutterers are given to making jokes, and this child was a good case in point. After he ceased giving recitations the boy took pleasure in exhibiting his buttocks. The later impossibility of pronouncing the initial letters of several words had the significance of an anal-erotic process of contraction shifted to the mouth. The stuttering was a neurotic symptom which represented the anxiety attached to the exhibitionistic pleasure of passing flatus. The patient's libido was strongly anal-sadistic. He could talk best when he was saying something malicious to other men.

R. Brun (*The Psychoanalysis of Stammering*, 1922) states that the repressed pleasure from an infantile anal fixation is transformed into coprolalia according to the following scheme: (1) dirty talk is forbidden; (2) one is never quite sure that a nasty word might not escape all the same. There is nothing for it but to be altogether silent (mutism), yet as talk has to be maintained, it must be constantly held in check. So the repression succeeds only partially and stammering results.

N. N. Searl reports 'A Case of Stammering in a Child'.<sup>1</sup> Peter made the pronunciation of some words more difficult. Instead of saying like most infants, 'Oo do it', Peter made it an explosive 'Dtchoo do it'. He was actively destructive. He tried to strangle his baby sister of whom he was extremely jealous. Playing with water and a tin with a lid, he tried to imitate the noise of 'little busy' and 'big busy'. His stammering was extreme. Searl said to him, 'You are trying hard; you have to try hard when you do big busy, don't you?' Whereas, on flushing the toilet, he had formerly rushed away

<sup>1</sup> *Int. J. Ps.* VIII, 1927.

with noises of mingled delight and terror, now after a period of treatment he ran back, spat into the toilet, and cried, 'I bited him'. The release of his anal defiance was clear, and his stammer all but disappeared. Searl calls the principal mechanism of Peter's stammer a displaced and combined anal obedience (trying hard), and defiance (holding back). His excessive anal sadism followed the pattern of a strong oral sadism and was too regressive as the result of his castration fears. 'I bite Daddy's nee-nee', he declared. Putting matches into the opening of an electric outlet he said: 'Must do it carefully. Little seeds will come out of the other hole. . . . What was Daddy doing when I heard him in bed? I woke up and heard a funny noise.' He illustrated by emitting a succession of grunts. The displacement from the anus to the mouth in the stammer had been accomplished through identification with his father in the act of coitus. It at once demonstrated his love for his mother (obedience), gave vent to the rivalry with his father (forceful emissions), and was a defiance of the authority of both (holding back).

Isador H. Coriat in an early paper<sup>2</sup> stated that stammering was a psychoneurotic disturbance whose chief mechanism was a conflict produced by resistance against betrayal through speech of certain repressed trends of thought, preëminently of a sexual nature. These repressed trends were found on analysis to refer principally to the œdipus, other sexual acts or thoughts, masochistic fantasies, tabooed words relating to the sexual, urinary or anal functions (forbidden coprolalia), and finally, the pleasure associated with early stages of the organization of the libido.

In a second communication<sup>3</sup> Coriat discusses the effect of the pregenital oral libidinal tendency upon the pleasure principle involved in the speech of stammerers. In the analysis of nearly all stammerers there is a persistence of belief in the

<sup>2</sup> Coriat, Isador H.: *Stammering as a Psychoneurosis*, J. of Abnormal Psychol., IX, 1915.

<sup>3</sup> Coriat, Isador H.: *The Oral-Erotic Compounds of Stammering*. Int. J. Ps., VIII, 1927.

omnipotence of thought which leads to an omnipotent evaluation of speech either in the form of verbosity for the pleasure of uttering words and gratification by the oral discharge, or a taciturnity which is a type of resistance. Both these tendencies operate on the anal level, in the one case as an anal-erotic explosion, in the other a retention in the sense of parsimony which belongs among the anal-erotic character traits. In addition, many cases of stammering are conditioned by a conflict between the ego ideal to conceal, and the libidinal desire to enunciate obscene words. Stammering is therefore a form of oral-erotic gratification, an actual reproduction in adult life of the sucking and biting manifestations of the pregenital oral libido. The oral reaction of sucking possesses a rhythmic character and this explains the fluctuations in the speech of stammerers, as shown by the variations between great difficulty of enunciation and perfect vocalization. In one instance, besides the frequent sucking movements with the lips and excessive salivation, there was associated with the paroxysm of stammering, deep breathing, rapid heartbeat, perspiration, yawning; this was followed by a feeling of relaxation after the enunciation of a difficult word. This was felt by Coriat to be an actual reproduction in adult life of the reaction of the infant to nursing, a gratification of oral-erotic pleasure in sucking reenacted in maturity.

These observations are supplemented in a third paper from the same author<sup>4</sup> in which he refers to stammering as an extreme type of anal-erotic disposition in neuroses, appearing in its severest form in the guise of constipation, leading in analysis at times to almost complete dumbness and a poverty of free associations as a form of stinginess. Sometimes real constipation appears as a secondary substitute for stammering, a resistance against losing the phallus (castration), the tongue having a well-known phallic significance. This castration anxiety is the fear of losing the tongue because of the forbidden pleasure involved (sucking) and of becoming phoneti-

<sup>4</sup> Coriat, Isador H.: *A Type of Anal-Erotic Resistance*, Int. J. Psa., VII, 1926.

cally impotent, the worst form of punishment which can overtake the narcissistic stammerer. The castration anxiety is therefore resisted by transferring it to a zone of less libidinal importance, the anal, where the constipation acts as an equivalent.

The results of the psychoanalysis of stuttering have been summarized by Fenichel:<sup>5</sup> 'It is a pregenital conversion neurosis presupposing an erotization of the speech function; the disturbance which concerns the speech function involves infantile sexual strivings; regularly it has a pregenital, mostly anal, and underlying oral character; its aims are almost constantly of an exhibitionistic and sadistic nature. Therefore, to explain a case of stuttering analytically means (1) to examine whether it likewise corresponds to this formula; (2) to account, above all, for the displacement of pregenital eroticism upon the speech function, and further (3) to explain the overdetermination relative to the fixation of the pregenital eroticism'.

The purpose of this paper is to test these postulates on the basis of a recently analyzed case of stuttering, and to check one with the other.

The patient was treated by psychoanalysis for fifteen months. He is twenty-one years old, a tall attractive-looking young man. He limps as the result of poliomyelitis acquired at the age of nine months, and wears a brace on his left foot. The thumb and index finger of his right hand became paralyzed when he was seventeen from a still undiagnosed neurological condition.

With a spasmodic stuttering of moderate severity he showed several other speech peculiarities which will be described later. Following many failures with hypnosis, electricity, speech training and breathing exercises, a physician recommended psychoanalysis as a last resort.

He was an unwanted child; his mother worked in a factory

<sup>5</sup> Fenichel, Otto: *Hysterien und Zwangsneurosen*. Vienna: Int. Psychoanalytischer Verlag, 1931.



at the time of pregnancy. At his birth he was cyanotic, but he developed well. He is told that he bit his mother frequently, and for that reason she had to wean him. A grandmother whose word was law in the house, was described by him as a bugbear. In her image he fantasied the analyst as having a thick red nose, large spectacles, white hair, and many wrinkles; as being a real witch. For all that, he speaks of his eight years residence with her, seeing his parents only on Sundays, as the happiest time of his life. When he was two or three years old he slept in the same room with his aunt and grandmother. One night, awakened by a noise, he saw a man whom he knew lying upon his aunt. He cried out, 'Grandmother, Mr. X. is killing Auntie'. The grandmother took the child into her bed, gave her daughter a resounding box on the ear and threw the lover out.

The patient learned to speak normally, and very quickly learned to recite poems and sing children's songs. When he was four years old, the following incident occurred. While playing with a cousin ten years older around a Christmas table, she stepped accidentally upon a toy torpedo. It gave a loud report which so terrified him that by evening he could not speak a word. His speech disturbance dated from that day. In school he often became blocked in the middle of a sentence, and his teacher, interpreting this blocking as defiance scolded him for it. The patient was then sent to a speech training school which gave him no relief.

The most important family activity consisted of long visits to one another's homes. In these family gatherings enormous importance was placed upon eating and drinking, with each person trying to outdo the other in anal jokes and other obscenities. The too intimate living and working relationships imposed by poverty oppressed the patient.

The most important person to him was his mother who ruled his fantasies and dreams. The patient's strong anal fixation is not surprising when one learns about his mother's personality. She made a habit of conversing with the boy while she was on the toilet, and of disturbing him persistently

when he was in the toilet. For a long time, even after he began to attend school, she examined his stools daily. In a rage, she once threw two quarters into the toilet, and then promised repentantly a piece of cake as reward to him who would recover the money. The boy, almost grown up, did it. Humorous gifts, popular in this family, are toy chamber pots with little sausages in them. The mother can produce flatus voluntarily and does so jokingly to congratulate the father on the morning of his birthday. When she is in a rage, she pours out the chamber pot or even defæcates on the floor. One thinks at once of senile dementia as a cause until it is learned that she is forty-three years old and that she has always committed similar acts. Frequently she threatens suicide, disappears for whole days and then returns in a rage, throwing things around. On occasion she beat her husband and son. In training him to cleanliness when he was a child, she acted with notable ambivalence. It frequently happened that when he soiled himself the incident was treated jokingly because relatives were around; but after they left he was severely whipped for it. This fact that his mother first seduced him and then punished him, occurred not only on the anal but also on the genital level. Up to his fourteenth year his mother cleaned his genitals daily. Once recently, when she awoke her son from his afternoon nap, she laughingly drew his penis from his trousers and shook it. His incestuous tendencies were promoted by his mother's habit of having him sleep next to her when his father was away. His sexual excitement at such times is shown by the fact that he frequently soiled himself. Also his mother's habit of urinating and defæcating freely in his presence must be considered as seduction. Her common remark, 'You cannot do anything yet, you are still much too little', makes her now twenty-year-old son exceedingly angry at times. She controls his absence from home at night because she is jealous of each girl in whom he is interested.

The mother had several abortions which contributed to the patient's sadism. Any association between 'blood' and 'mother' has a particular horror and disgust for the patient. The

mother's menstruation is a cause of discord at home because she leaves soiled napkins lying around. Once after bathing, he asked for clean drawers; thereupon she offered her son her own drawers which were soiled by her menstruation.

His attachment to his mother determined for a long time his choice of women. When he had relations with a woman, it was generally a much older one. He preferred married women or other men's mistresses. He accepted invitations only to the parties of widows and often took walks in a cemetery because one of his acquaintances had there met a young widow whom he later married. When he began analysis he had had an affair for almost two years with a woman nine years older than himself, who was engaged to another man. He gave her things to pawn, lent her money, gave her presents, and allowed himself to be tormented unbelievably by her.

It will be recalled that he was said to have been weaned primarily because he bit his mother's breasts. When he was nine, a forty-year-old neighbor repeatedly enticed him into his room to practice fellatio. In sexual intercourse he preferred perverse practices such as cunnilingus and fellatio.

Closely related to his oral fixation are his peculiar respiratory habits, perhaps conditioned by asphyxia at his birth. As a child he often remained under the bed covers until he almost suffocated. Only at the last moment would he creep out from them. Also in one of his beating fantasies he struck little children until they were blue. He suffered very much about his artificial breathing which had become a compulsion. He felt it especially in speaking and it contributed to the special character of his stuttering.

His speech function became erotized very early. The recitation of poems not only satisfied his narcissistic, but also his exhibitionistic tendencies. In his early infancy, speech assumed some of the libidinal charge of the anal function as well. The anal fixation provides the most prominent theme for his childhood memories. In kindergarten he used to soil himself, and on the long way home smear fences with the feces and lick his

hands. This twenty-year-old man by his unmistakable pleasure in relating these events revealed his enduring anal fixation. In his work he derives pleasure from wallowing about in warm paste while cleaning stale water barrels. Such pleasure in dirtiness is in contrast with some special aversion to dirt. For years he tormented those about him with the compulsive stereotyped question: 'Is my mouth clean?' Only when assured that it was would he leave the house.

When he was nine years old he developed severe pains in his rectum and an urgent need for a bowel movement. In response to his complaints, his father and uncle placed him on the table, spread his legs apart and allegedly by means of a smith's pliers (the uncle was a blacksmith) drew an apple core from the rectum. Afterwards, relieved and bloody, he had a stool. He may have had hemorrhoids at the time. In analysis he remembered this event as both pleasurable and painful.

In the transference, his bowel functions responded precisely to the phases of his obedience or defiance.

His earliest memory of masturbation is of pressing his body to that of a little playmate and rubbing their genitals together. The children used to compare the size of their genitals. An alleged smallness of his genitals continues to worry him. A favorite game of his playmates was to form a circle, each child pressing his genitals against the buttocks of his neighbor. The recollection of these erotic games was veiled by the fantasied screen memory that while in the toilet he had taken his penis in his mouth and smelled and tasted his semen.

With adolescent masturbation he had beating fantasies which continued through a part of the analysis. When six years old he and a little girl cousin beat each other on the naked buttocks. With the same little girl he played games called 'harem' or 'bondage' which involved attempts at coitus. At the age of seventeen he had, with a prostitute, his first sexual intercourse. He found he preferred perverse practices, especially cunnilingus and fellatio, yet, he stated, no satisfaction was as great as that from masturbation.



Sadistic feelings distinctly colored his fantasies and were the basis for some of his sexual inhibitions. He had long entertained the wish to beat a woman. In his dreams he swam in blood, or had someone murdered. His sadistic conception of sexuality was deeply ingrained. His anal-sadistic disposition aroused a strong superego reaction. His sexuality, having remained infantile, was opposed by strong fears and feelings of guilt.

In the first interviews he gave an impression of being serious, shy and reserved. He said he was very lonesome and cried frequently at night. He said that God had punished him too severely by his defective speech, his weak leg, and his paralyzed hand. His fears went back to his earliest childhood when as a little boy, the door to his parent's bedroom had to remain open. His mother repeatedly made fun of his small penis. When he was sixteen, a forty-six-year-old aunt seduced him into sexual play and then, when he demanded coitus, pushed him away indignantly, saying: 'You silly child! You are impudent!'

The fear of being damaged was apparent in dreams. In many dreams a part of some object was missing or had been cut off. A dream frequently repeated during his childhood, 'A big yellow mass is coming up to me', first occurred following his operation and it is probable that the yellow mass represents the ether mask. Previously he had had the experience in a hospital when lying with his leg in a cast (he was probably about to be examined) that the nurse took a saw and cut into the cast. The child howled with fear and the nurse gave him a box on the ear. At this time the little boy was making observations on a girl in an adjacent bed and discovering that a girl has no penis. Subsequently he managed to inspect the bodies of little girls. As an adult he was not able to look at a female sex organ until, during the analysis, one appeared to him in a dream, giving access to the forgotten experiences of childhood. A special form of fear was that the penis could be snapped off by the woman during coitus. This fear was clearly experienced in his attitude towards women during intercourse

and by his dreams following it. He had repeated fantasies about couples unable to separate after the act, necessitating the amputation of the penis. This was the reason, among others, why he preferred women who had had intercourse with other men. The other men gave evidence that he would not be castrated through intercourse with the woman.

Before entering into details of the dynamic play revealed in the analysis as determining the symptoms of the patient's stuttering, some general remarks should be made on how far the function of his sense organs and his intellect were involved by the displacement of affect from the more primitive erogenous zones.

Both exhibitionism and curiosity operated to excess in him. When in the analysis the pleasurable anal sensations of childhood were worked through, he discovered to his surprise that the troublesome stuttering also provided him with certain humor related to anal eroticism. But this pleasure was not only autoerotic. As a child he called his fæces 'a-a', and while at the stool used to utter this sound just as he expelled the fæces. And as with his 'a-a' he had collected the whole encouraging and ultimately admiring family around him, so there was also an exhibitionistic component unmistakable in his stuttering.

His auditory sense was still more loaded with emotional drive than his visual one. It was customary in his whole family to belch and pass flatus as often and as loudly as possible, regardless of the number of people present. A fear of noises expressed itself in many ways. He was completely disorganized by the sound of an airplane, a ringing bell, or a banging door. One day he came to the analysis bewildered and stuttering badly because at home he had been terrified by a crackle from the fire in the oven of a stove. He associated with this noise the box on the ear his aunt had received from his grandmother.

It is in this connection that his defective speech in association with the Christmas Eve incident of the toy torpedo is a transition from the sharp noise complex to the erotization of

the speech function. A number of other components, however, also contributed to this displacement of libido. As was mentioned before, his breathing often disturbed him in the analysis. In the first analytic hour he spoke in such a frantic tempo that it was scarcely possible to understand him. He used auxiliary words about twenty times in one sentence, and also helped himself with loud clicking noises of the tongue and swallowing. When he could not express a word, he repeated instead this sound 'a-a' as he had done as a child sitting at stool. He used a most difficult breathing technique, and would often speak without inhaling until he became dyspnoeic. Once, when asked directly for related ideas, he said, 'I breathe no air, so I cannot speak'. Then he produced the recollection that as a child he had practiced holding his breath under the bed covers. With a sudden explosion he would gasp afterwards for breath and start stuttering again. There was every indication that he unconsciously equated talking with passing flatus.

Relative to the fixation of his pregenital eroticism, whenever persistent anal eroticism became more distinct in the analysis, the anal erotization of the speech function lying at the bottom of his neurosis appeared. Transitory bowel disturbances occurred throughout the whole analysis. Whenever he offered material freely, or was rambling, confused in resistance, after almost every interpretation, and likewise after overcoming each long resistance, he had an impulse to have a bowel movement.

An urethral-erotic value of speech became evident in a transitory symptom. At a time when his stuttering had improved greatly he came one day with a new speech disturbance. He lisped. It developed that he was imitating his mother who made similar noises to induce him to urinate as a child. In the transference the lisping had the meaning that the analyst wished to excite him to still greater production of material.

As his sensory and motor apparatus was erotized in its elementary organization, on the whole so were his mind and intellect. His frequent deep absorption in daydreams inter-

rupted his daily routine. All that he could not accomplish because he was a cripple, he lived through in daydreams. He saw himself as victor in a six-day bicycle race; as John Barrymore, as Joe Louis, or as a popular speaker. Much further from reality were fantasies of omnipotence, combining the sudden dashing thunderbolt of his voice with a magic power over life and death by calling names. Thus, the erotization of his speech was completed by his daydreams to the point of the formation of symptoms.

The patient's sexual instability was rooted in the extraordinary behavior of his mother towards her son. He was alternately driven by her into the rôle of sexual aggressor, then ridiculed. This relation, transferred to the analyst, was the greatest obstacle to therapy and determined the form of the patient's resistance.

His behavior before the first analytic hour was noteworthy. He had expected a physical examination and had prepared for it by taking a bath. Then he developed an anxiety that he might have an orgasm during the examination. Therefore, on his way to the analyst's office he visited a house of prostitution. This was characteristic of his ambivalent attitude, particularly towards cleanliness and dirt. Towards the analyst, it showed to what an extent he began the treatment with the fantasy that the analysis would involve anal-sexual adventures with the analyst. The first weeks were dominated by acting out in the analysis, the fantasy that the analyst was a prostitute, and by fears of being punished for it. One day he threw himself angrily upon the couch and shouted 'Accost mel'. There followed a pause during which he was silent, waiting for an answer. Then he continued: 'Why don't you accost me? Of course, because I'm not a gentleman. What do you say if I give you three dollars? Why don't you say anything?'

After this he dreamt the following: 'I was in a brothel and saw a prostitute, after a very fine gentleman had just left her. She was still soiled all over. When I tried to approach her, I was fixed to the spot and could move neither limb nor tongue.' In a sequence of dreams and associations this



ambivalence recurred repeatedly. Its content was: 'You are a dirty, seducing woman, loving filth and blood. Why do you dissimulate with me? I am too vulgar and inferior for you. With your friends you don't mind committing obscenities; only with me do you refuse to.' The reaction was approximately: 'How presumptuous of me! An educated woman gives me, a common man, a whole hour a day in order to discuss sublime things with me. Everybody at home has to admire me for that. As compared with her I am a nobody; I deserve punishment for my insulting thoughts. Who knows what evils she will inflict upon me!'

This ambivalence increased to a culminating point of resistance when his mother beat him again. He retaliated vigorously this time, and the mother reacted by not talking for a whole day. When the patient reported the incident he was seized with a paroxysm of laughter. This speech defect of his mother had aroused a strong anxiety in him. He recollected his ten-year-old cousin who in playing had pretended to be dead until he became frightened and begged her to wake up. It was she who had set off the toy torpedo and who also had enlightened him sexually. She died when he was fourteen. Looking at her corpse he had had the fantasy that he could resuscitate her by coitus. Like this cousin, the silent mother meant for him the dead mother and his laughter was intended to relieve his anxiety and feeling of guilt because of the hatred she had aroused.

A definite step towards emancipation from his mother was made when he produced a dream in which he came close to her and inflicted bloody wounds on her almost to the point of killing her. Following this, he recalled his mother's several abortions. He could now understand that the time she had offered him her bloody drawers to put on, his resulting indignation was not only directed against his mother but also against his own unconscious sexual impulse which was excited by the mother's provocative act. It found direct expression in a dream: 'My father moved to my grandmother's, and I took

his place in mother's bed. But this time I really slept with my mother.'

He became more comfortable about her, and simultaneously her importance for him decreased. He ended the relationship with an older woman, the fiancée of another man. He became a little more care-free and ventured to join companions of his age. Unfortunately he contracted gonorrhœa which spread to his intestines and eyes. His chief worry was whether his analyst would continue to shake hands with him. But his fears were inconspicuous compared with his enormous childish pride at having such a manly disease. This pride was increased by the attitude of his parents when, though shy and conscious of guilt, he confessed to them his disease. He was celebrated as the hero of the day, and only from now on was he considered as completely grown-up. That night his father went with him arm in arm to the movies, an unprecedented event. His father confided that he himself, the grandmother and several uncles and aunts also had had gonorrhœa, or something similar. His mother characteristically wanted by all means to give him the prescribed urethral injections. He refused this offer, thus resisting the mother's castrative attitude to him. Now, he thought, his mother would have to take him seriously.

In the midst of these events he dreamt: 'I gave my mother three dollars. But then I asked for them back, and they were all soiled.' The associations were that he had ruefully felt like demanding a return of the money he had paid the girl whom he suspected of having infected him. Thus unconsciously he considered the genital injury a punishment for incest.

One day, all contrition and stuttering badly, he related falteringly that coming from the toilet he had wiped his hands on my overcoat, hanging in the hall. He believed he was endangering me by doing this and had, therefore, a strong feeling of guilt; but the impulse had been too strong at the moment to resist. He confessed also that for the past few days he had been having vivid sexual fantasies associated with me. Upon his wiping off his hands he had thought: 'If I cannot

touch her with my penis then at least I can touch her overcoat after I touched my penis.' In addition to being an acting out of intercourse with the analyst it was as well an act of revenge directed against his mother: 'As you ruined (seduced) me through smearing, so now I retaliate by making you sick through my smearings'.

On several consecutive days he interrupted the analytic hour to go to the toilet to defæcate. One day I asked him instead to tell me what came into his mind. Nothing came to his mind and he went nevertheless to the toilet. After returning he was silent until the end of the hour. The next day fearful to repeat his request, he was silent for a long while, suddenly blushed and said he had to go to the toilet. Upon his return he asked that the hour be terminated because he had soiled himself a little (as he had done when he slept next to his mother). The next hour he cried and asserted it was my fault because I had forbidden him to go to the toilet. To this prohibition he had responded like a sulking child by soiling himself.

The need for a bowel movement which occurred during the analytic hour, was an expression of acute sexual excitement of the anally fixed patient. It was an indication of his desire for an anal-sexual relation with the analyst. Her demand not to yield to the impulse was a refusal and a reprimand. To the soiling which then took place, the same meaning can be ascribed as to his smearing himself with the gonorrhoeal discharge. He revenges himself on his mother by smearing that is unpleasant and dangerous to her. As a revenge for the refusal, the original wish for the 'dangerous smearing' breaks through, for it is in this form that sexuality presents itself to the patient in his unconscious. In the reproach that the analyst had caused the misfortune, the deeper reproach is that it was her fault he was sexually excited; that is, that she had seduced him and thus endangered him.

This interpretation released a flood of recollections. The deeper meaning of his experiences with his mother during his childhood struck him with furious excitement. According to

these memories his reproaches were justified because, during his entire childhood his mother had directly excited him sexually, especially anally; also, the deprivations which now he fantasied to be imposed by the analyst, had been experienced as realities with his mother; furthermore, his diseases and the operation were for him confirmations of inferiorities asserted by his mother, and, moreover, the consequence of sexual acts. This intimidation together with the excitation constantly renewed by his mother were bound to burden his phallic active tendencies with an intense fear of castration. Such a circumstance, as well as the fact that the seductions were mainly anal, although phallic in part, later caused his entire sexuality, active as well as passive, to be anally determined.

As his analysis progressed his speech improved with relapses corresponding to periods of resistance. The stuttering did not involve all the words but particularly proper names and words suggesting somehow the anal. For instance, in trying to enunciate the name of an acquaintance called Meyer, he experienced the greatest difficulty, and produced as an association the word, 'mire'. So great was the anal cathexis of the speech function that when he came into analysis, he was unable to say a single obscene word. Later he swung to the opposite extreme and for days was volubly scatological. He treated words like *fæces*, especially like *flatus*. The strong impulse to utter obscene, especially anal-obscene words, was countered by a compulsion to withhold. The speech defect served the purpose of concealing partly some of his drives and fantasies.

This patient's stuttering began after the explosion of the toy torpedo which was associated with the sound of the expulsion of *flatus*, in the equation: sharp noise equals sexuality equals danger. The recollection of this fright accompanied the patient throughout his youth. In analysis he frequently recalled this scene, especially when describing holidays and family festivities. In the course of a year he became conscious of additional details of the event, so that the picture was established quite plastically in his mind. He stated that he



would like to draw the scene—the green Christmas tree, the colorful table with gifts, and the toy gun. It was called to his attention that this toy gun had never been mentioned before. The memory of playing with the gun had been repressed by the terrifying recollection of the toy torpedo. The shock of the sound reminded him further of the sound of the box on the ear, by which the sounds of the primal scene were terminated. A reconstruction of these memories and associations is as follows: he had wanted to do to his girl cousin with his 'gun' what the man had done to his aunt. Both had similar sound associations. The 'something terrible' to follow was first, the death of the cousin, then, as punishment, his own death or castration.

That he had the fantasy of soiling by speaking, was expressed in the fear that his mouth was dirty. His speech function was strongly libidinized very early as evidenced by his precocious talent in reciting poems which had their parallel in his productions on the pot. When the latter were repressed, speech became a substitute for them. After the pleasure in talking was repressed and replaced by a speech defect, the original character of his speech as a pleasure giving factor nevertheless remained evident in many instances. He said that for him, conversation with women yielded the highest enjoyment, superior to sexual intercourse. At the beginning of the analysis he remarked that from childhood he had the fantasy that by mastering a foreign language he could be cured.

He sometimes felt that the manner in which his stuttering struck people or bothered them, gave him pleasure. A feeling of the omnipotence of his speech had by contrast an uncanny effect upon him. Sadistic feelings distinctly were the basis for his inhibition in pronouncing names. His sadistic conception of sexuality went back to the primal scene and in his associations he stated his stuttering resembled pushing.

The fantasy of reviving his dead cousin by coitus was a mask for a sexual sadistic fantasy of killing her. After his cousin's death the patient's speech grew very much worse. From his infancy he had held the belief that his speech would improve

if a member of his family were to die. He rationalized this belief in the following way: God would get back a soul and he himself would receive the speech of the deceased. That the reverse happened, we may assume, was due to his feelings of guilt because of his death wishes. During his latency period he had prayed to God to grant him the sacrifice of a member of the family. Later he could not pray at all because he was afraid that God would remember his former prayers and kill him as punishment. Fenichel says: 'When the stutterer cannot speak, by silence he frequently expresses his tendency to kill, under the influence of the superego directed against his own ego'. If we recall the taboo against revealing names practised by primitive people who believe that to know the name of someone means to be master over his life, we are close to the primitive basis in his unconscious of similar fantasies of omnipotence in this patient. By uttering a name he could kill the possessor; therefore he named no one.

Displacement of the patient's pregenital eroticism to the speech function followed the association path—sharp noise, sexuality, death. Occurring at the anal level of development, a compulsion neurosis resulted in which the ambivalence of the opposite components, the desire for using the omnipotent weapon of killing by the anal-sexual noise of words, and the counterdesire repressing this deadly wish in a suicidal, self-castrating manner by stowing his tongue, was fought out in an ever renewed, never settled struggle: stuttering.

With the working through of this interpretation the last trace of resistance broke down and the symptom disappeared. The patient changed from a reserved, unfriendly looking fellow to a cheerful young man. His posture improved, so that his lameness was less conspicuous. He dressed more carefully, was cleaner and took pains to appear well. This coincided with his striving to become independent. He found work with a department store. An employee of the company who interviewed him was surprised to learn from him that he had been a stutterer. He began to learn to play the piano and to drum, quite conscious of the fact that his drumming served the pur-

pose of sublimating his fears of sharp noise. He also became a member of the chorus in his school of music. At present he enjoys the companionship of young men and has a mutually satisfactory sexual relationship with a girl of his own age.

In conclusion, the facts of this case of stuttering will be tested by the criteria outlined by Fenichel and quoted in the first part of this study (p. 99).

The fact that this patient enjoyed masturbation more than sexual intercourse proves either that he had not reached the stage of genital primacy, or that having attained it he had regressed. He preferred fantasies and infantile objects to reality. Among the infantile sexual impulses, especially notable were anal eroticism, especially the flatus complex, which found expression partly autoerotically and partly in ambivalent object relationships; in addition, respiratory-erotic and oral-erotic features were evident. In his relation to objects, sadism and exhibitionism were prevalent; in so far as phallic tendencies existed they were dominated by sadistic impulses. He had a strong fixation to infantile objects, especially to his mother. The erotization of his speech function was pregenital. All his sexual desires were restrained by strong fears. In the unconscious there was the idea that for sexual activity he would be punished by castration or death. The satisfaction of his masochism was one of the gains from his illness. The sadistic significance of his stuttering could not be separated from its unconscious anal-erotic significance. Smearing the overcoat in analysis showed the degree of aggression bound in revenge on the mother figure, which in turn was followed by feelings of guilt reinforcing his fears. Thus the stuttering corresponds to Fenichel's formulation that stuttering 'is a pregenital conversion neurosis presupposing an erotization of the speech function', that the disturbance expresses infantile sexual strivings, that it has a pregenital anal, and underlying oral character, and that its aims are of an exhibitionistic and sadistic nature.

The patient showed an innate disposition to libidinize the

sound and production of noises whether flatus or explosions, or vocal utterances. The erotization was demonstrated in sensitiveness to noises, in the pleasure of reciting poems and making conversation, and in the musical predilections of the patient. This predisposition was strongly augmented by the family custom of belching and passing flatus, highly charged with emotional drive from the anal-sadistic sphere. Traumatic events with sound associations had causal relationships to the predisposition. Such were the noises of coitus and the explosion of a toy torpedo. The speechlessness, following the explosion, was the point of displacement from his anal-sadistic drives to the erotized speech function; it was likewise important for this displacement that the mechanism of self-punishment had been established according to the equation, sharp noises=sexuality=death. Our case thus meets the second requirement of Fenichel's summary, by accounting for the displacement of pregenital eroticism upon the speech function. Besides the displacement, a process of condensation took place adjusting the symptom to various functions of meaning. Associated to verbal utterances accompanying his anal and urethral functions during childhood, this patient treated words like flatus and fæces, endowing them with all the irregularity and dirtiness of the latter. According to the equation of sharp noises=sexuality=death, his speech function was entangled in the morbid play of his instincts. Sadistically he fantasied killing by the omnipotent power of his speech. Masochistically he punished himself by this same speech in repression and symptom formation. The analysis of this case is therefore not without explanation of the overdetermination relative to the fixation of the pregenital eroticism, Fenichel's third requirement.



# PSYCHIC TRAUMA AND PRODUCTIVE EXPERIENCE IN THE ARTIST

BY HENRY LOWENFELD (NEW YORK)

The following is based on the analysis of a woman artist in the course of whose treatment some light was thrown on a process of artistic development that is characteristic of at least one type of artist.

A woman of thirty sought treatment for increasingly serious states of anxiety and various physical complaints and inhibitions in her work over a period of several years. She felt herself a failure, unable to complete anything she undertook. For years her leading symptom had been hypochondriacal ideas. She believed herself to be suffering from chronic, fatal diseases such as tuberculosis of the throat, arteriosclerosis or tumor of the brain. Behind these hypochondriacal fears were partly concealed paranoid ideas.

She was a very vivacious, intelligent woman of fine appearance with a somewhat unfriendly facial expression. Her manner was partly insecure and shy, partly aggressive. She was preoccupied with her body and much of her time was spent in all sorts of activities revolving about her appearance and health. She was inclined to favor mannish, sport clothes.

She both drew and painted. In her early career she had drawn much from nude models, especially women; then for several years she painted pictures which grew out of dreamlike visions and had a fantastic, mysterious quality. At the age of about twenty-two, she gave up this type of work for commercial art. She was gifted and original, had a strong imagination, but was hindered in her work by a technical inadequacy resulting from her inability to devote herself to consistent study, a situation of which she was painfully conscious. Difficulties arising in her work created a feeling of complete insufficiency. Wrestling with these difficulties was sometimes fruitful of achieve-

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Based on a paper read before the Vienna Psychoanalytic Society, June 23, 1937.

ment which was sufficient to win her some degree of recognition. Despite a predominant feeling of inadequacy, she also had moods in which she felt distinctly talented and creative.

She had a brother, two and a half years older than she. She herself was a twin; the other child, a big handsome boy, died a few months after birth. She had been, she was told, a small and sickly child. She related that upon delivery she had been placed upon the floor and ignored because everyone was busy with the second, bigger child, a difficult delivery. The twin brother played an important part in her fantasy.

She described her father, a landowner who had died a few years before, as a coarse, brutal and hot-tempered person; her mother as timid, anxious, constantly worrying and complaining. The older brother was favored by both parents. He was a bright, obedient child, while she was defiant, and was considered intolerably bad and disobedient by the whole family. She quarreled frequently with her father who beat her when angered. On such occasions she would heap abuse on him with all the resources of her vocabulary and wish he were dead.

The period between her seventeenth and twenty-second years was artistically her most productive. A sexual experience with an older man was followed by several Lesbian relationships in which she played the more passive rôle, and in which she felt comparatively content. During the same period she had several flirtations with men in which she remained indifferent until she met the man she married. She saw in him a powerful, athletic man. This attracted her and was, in her opinion, the decisive factor in her choice. But in the marriage relationship it developed that he took the more passive, devoted attitude towards her, while she played a more masculine active rôle, at times tormenting and sadistic. She could become sexually excited, but never completely satisfied.

From childhood and particularly frequently in recent years, she had dreams from which she awoke in terror or with feelings of horror. The dreams were mostly of scenes of war: revolution, bombardments, riots from which she was trying to flee though paralyzed with fear.

Her life consisted of an alternation between hunger for

experiences and excitement—a 'greed for impressions' as she called it—and escape and withdrawal. The short periods of hunger for experience and excitement quickly led to increased anxiety and to paranoid delusions in which she imagined herself being hurt, robbed or persecuted by women. There were experiences in which it was impossible to determine what was delusion on her part and what reality, because she probably unconsciously provoked situations which made various women become her enemies. Hypochondriacal sensations of every type she interpreted as confirmation of her fears. She would get a feeling of being completely abandoned, unloved and incapable of loving. She would lose all contact with the world around her. This detached state likewise led to anxieties. Interest in her own body was her roundabout way of finding contact with the outer world once more. A new dress could banish her despair.

She had numerous recollections from early childhood of instances when her father, in a sort of rude tenderness, would place his whole weight upon her. She could not breathe and feared being crushed, suffocated. Her protests angered her father and this often led to violent scenes. On one such occasion (warding off her father with her knee drawn back) with the heel of her shoe she wounded her genitals sufficiently to cause bleeding. She was greatly frightened. Her mother, equally frightened, called a doctor. Towards her guilty father she felt revengeful satisfaction. This event was the basis of a sleeping ceremonial: to this day she sleeps with one hand on her genitals, one leg drawn back, as though in defense.

Another important experience of her childhood occurred in about her seventh year. After an address by her father in the legislature, a mob tried to force its way into her parents' house; stones were tossed against the windows which were hastily shut. Her father was absent, and the family was in terror. Both of these traumatic experiences returned repeatedly in her dreams in combined form. From the same period she also has recollections of states of anxiety when on her father's return from one of his frequent trips she was sent from her parents' to

her own adjoining bedroom. She would try to overhear what was taking place, and apparently experienced numerous primal scenes or fantasies in this way.

These experiences, recurrent in her anxiety dreams, were followed by two more experiences, decisive for the later onset of the neurosis. When she was about twenty-one, a well-known clairvoyant predicted that she would end her life in insanity or by suicide, and warned her not to masturbate so much. In order to understand fully the disastrous effect of this prophecy, one must know in detail the history of her infantile masturbation in which prohibitions and warnings of terrible sicknesses played an important part. It is sufficient here to point out that she had been in the habit, during almost intoxicated periods of artistic activity, of rubbing against the edge of her easel, thus providing herself with a sexual stimulus. Following the prophecy she gave up this type of activity, thus losing a safety valve for her tensions. From this point began the real development of her neurosis, at first evident in withdrawal and restraint, later in the occurrence of states of anxiety.

Following an unnecessary appendectomy and many other therapeutic failures she lost faith in doctors and now turned to spiritualism. While in a trance a medium received messages foretelling that the city in which the patient lived was to be destroyed by force from above. This prediction placed the patient in such a state of anxiety that she fled from home. The basis of her belief in this prophecy could be traced to her childhood. For years she had awaited the inevitable coming of disaster. By fearing it she sought to prevent it. Only if she thought of it constantly, would it perhaps not occur. In her recollections from childhood her father appeared as an inexorable force, blocking every avenue of escape. This inescapable, inexorable force now appeared as the destructive danger from above. Or perhaps it was, 'a snake which climbs down the wall' into her bed; or the horror she felt at the sight of bloody fishes or small birds both in her dreams and in reality. This feeling of the inevitable was also a part of her delusion of sickness.



We find here a feeling of guilt the consequences of which are inescapable.<sup>1</sup>

Vague occult ideas she sought to withhold from the analysis as her most intimate secrets. According to them, the human being lives several different lives, having to atone in each life for the guilt of the preceding one. She believed herself to have been one of the first feminists. Not having been able to reconcile herself to being a woman, she became a man. In her next incarnation she was to be born a boy but die young in atonement for her previous life. However she had to fulfil her fate as a woman. In another incarnation she was destined to die in childbirth. This conflict between masculine and feminine mixed with feelings of guilt, found expression in her painting. She imagined that she did not create pictures herself, but made copies under the astral guidance of a man who transmitted them to her.

While this patient had rejected her father, she had sought by every means, particularly illness, to bind her mother more closely to her. She lived in constant fear that her mother would have another child. An aunt, living in the same house, she had seen pregnant several times. She loved her dearly and developed violent sadistic impulses against the pregnant body of her aunt who, in this condition, could no longer take her on her lap. Her childhood and later life were characterized by this strongly ambivalent attitude towards both parents.

The coincidence of artistic talent and neurotic disposition has long been observed. Artistically talented persons almost without exception are subject to neurotic conflicts. They suffer periods of neurotic inhibition in their work, periods of depression and hypochondria, fear of insanity, tendencies towards paranoid reactions, and, relatively frequently, schizophrenia. Freud has emphasized that the essential talent of the artist cannot be explained by psychoanalysis. In *Dostojewski und die Vätertötung* he speaks of Dostoyevski's 'unanalyzable artistic talent'. Artistic sublimation appears to be possible only with the concurrence of definite elements of talent. Nevertheless, one might ask what forces drive towards sublimation. In order

<sup>1</sup> This recalls the Ananke of Greek fate dramas and oracular prophecies.

to achieve a better understanding of the connection between artist and neurosis, one must investigate the nature of the artist's instincts and psychic structure. On this basis, the urge to artistic production as well as the danger of neurotic illness might be explained.

In the case here presented the striking element is the significance of traumata for the patient's life. Experiences which are little different from the experiences of other people, take on a traumatic character and are fitted into the patient's traumatic pattern. Moreover, she provokes situations which for her become traumatic. Her early experiences with her father, it is true, must be regarded as typical psychic traumata—repeated stimuli of such character and intensity that the child is unable to cope with them. Although it must be assumed that every child has experiences which have traumatic effect upon the still weak ego, we seem to deal here with a degree of traumatic susceptibility exceeding the normal. Here one is reminded of the numerous statements of artists themselves concerning the nature of their experience. Out of the wealth of such familiar and often quoted autobiography, we quote from the famous dramatist, Hebbel: 'I am often horrified at myself when I realize that my irritability, instead of decreasing, is constantly increasing, that every wave of emotion, arising even from a grain of sand thrown by chance into my soul breaks about my head.' In Ricarda Huch's book on the romantic movement we find this alternation between oversensitivity and dullness and insensitivity presented in innumerable variations. The artist, she says, 'is constantly occupied in reacting to the endless stimulations he receives, his heart, seat of irritability, tortures itself in this struggle, driving his blood violently through the organism to the point of powerless exhaustion, to be aroused by stimuli once more'.<sup>2</sup>

<sup>2</sup> Cf. Thomas Mann: '*Es gibt einen Grad dieser Schmerzfähigkeit, der jedes Erleben zu einem Erleiden macht.*' (There is a degree of this capacity to suffer which changes all experience to suffering.); and Richard Wagner: '*Ja immer im Widerstreit sein, nie zur vollsten Ruhe seines Innern zu gelangen, immer gehetzt, gelockt und abgestossen zu sein . . .*' (Always to be torn with conflict, never to achieve complete tranquility within oneself, always to be hunted, always attracted and repulsed . . .)

If we very briefly summarize the comments about the artist to be found in analytic literature, we have the following: the essential material from which the artist constructs his work is derived from unconscious fantasies in which his unsatisfied wishes and longings find expression. The compelling experience stems from the oedipus complex. The artist suffers, according to Sachs' formulation, more than others from a feeling of guilt from which, through the participation of others in his art, he achieves recognition and is able to free himself. The narcissism of the artist transfers itself to his work. In the literature of the past few years emphasis has been given to reparation of the destroyed object as a function of art.

In our case we find confirmation of these observations. As long as the patient's artistic work, relatively uninhibited, could serve as an outlet for her tensions, she was able to spare herself the formation of neurotic symptoms. In her work of this period, as in her dreams later on, she repeatedly portrayed the traumatic experiences of her childhood as well as traumata of her later life. The repetition compulsion demands that the injury be overcome again and again. But why does this not finally succeed? Why does this compulsion not cease, as in the genuine traumatic neuroses which after some time usually subside?

In genuine traumatic neurosis the stimulus-defense is perpetrated by an external trauma. The intensity of the excitation is too great to be overcome at the instant of occurrence. The attempt to overcome it is continued afterwards, but the trauma itself remains a solitary experience. In our case—and this appears characteristic for artistic sensitivity—the trauma is reexperienced indefinitely. As long as the drive which led to the trauma is active, it remains unaltered and subject to the repetition compulsion. The danger feared is one of reexperiencing a former state of helplessness produced by an overwhelming excitation. A greater accessibility to the unconscious characteristic of the artist, brings him to closer proximity to the strata of the psyche in which the primitive impulses rule.

The testimony of many artists bears witness to a particular irritability, a more than average impressionability conducive to

psychic traumata, having its basis in the transformation of instincts and the 'constitution' of the individual. We know more about the fate of the instincts than about constitution. The strong instinctual excitations, never completely discharged, give even trivial experiences a particularly impressive character. About the corresponding constitution little is known, but one is forced to assume its existence. One most important aspect of this constitution is the narcissism of the artist of whose significance the statements of artists<sup>3</sup> themselves and the results of analytical studies leave no doubt. The psychopathology of artists likewise points to narcissism: hypochondria, depressive and paranoid tendencies, frequent schizophrenias.

In *Dostojewski und die Vätertötung*, Freud states that a bisexual constitution is one of the conditions or furthering factors of the neurosis. 'Such [a constitution] must definitely be assumed for Dostoyevski and manifests itself in potential form (latent homosexuality) in the significance for his life of friendships with men, in his remarkably tender attitude towards rivals in love and in his unusual understanding for situations which can only be regarded as repressed homosexuality, as many examples from his writings bear witness . . .' Another part of the same paper says: 'We may trace the fact of his extraordinary feeling of guilt as well as his masochistic way of living back to a particularly strong feminine component. That is the formula for Dostoyevski: a man of especially strong bisexual constitution.'

This formula may well hold true for the artist in general. Above all, it throws light upon the coincidence of artist and neurosis. Heightened bisexuality, a complication in the resolution of the oedipus phase, increases ambivalence and feelings of guilt, thus giving rise to conflicts which easily lead to neurosis.

The concept of bisexuality, emphasized by Freud for Dos-

<sup>3</sup> Turgenev on Tolstoy: 'His deepest, most terrible secret is that he can love no one but himself.' Thomas Mann: '*Liebe zu sich selbst ist immer der Anfang eines romanhaften Lebens.* (Love for one's self is always the beginning of living like a character in a novel.) Hebbel: '*Lieben heisst, in dem andern sich selbst erobern.*' (To love means to win one's self in the other person.)



tojevski, contains a truism which has been stated by most artists in moments of self-expression. In bodily structure, too, particularly in likenesses of young artists we find a conspicuously large number of characteristics of the opposite sex. We are familiar with the relative frequency of overt homosexuality or strong homosexual tendencies in artists of both sexes. Sappho gave Lesbian love its name. In Freud's Leonardo da Vinci, Sadger's Kleist, and in Hebbel and many others, the strong bisexual element is established. Kris writes in his paper on Franz Xavier Messerschmidt that in his self-portrait 'the defense against seduction as a woman' plays the essential part. 'What he creates—his own countenance—seems feminine to him.' In Ricarda Huch's book on the German romantic movement, we find an abundance of such material.

In the case of the patient we have described parturition fantasies were prominent in childhood and puberty. Later, pregnancy and childbirth filled her with horror and disgust. Her dream life was nevertheless filled with fear-wracked anal parturition fantasies which usually terminated in an incapacity to give birth and a return to her mother. Her variously determined physical symptoms proved in part to be distorted pregnancy fantasies. Beside the guilt feeling which ruled her life, the feeling of 'inadequacy of her body' played a decisive part in the frustration of her desire for children. The feeling of inadequacy arose from comparison with the favored brother with the beautiful deceased twin. The symbolic equation, child=penis was also transferred to her artistic activity and was lost only temporarily when an artistic birth act, after violent struggle, was successfully carried to completion.

We find such comparisons in the writings of numerous artists, in which the hardships as well as the pleasures of creation, in like manner, are repeatedly described as the pains and pleasures of giving birth, and in which their own works are spoken of as their children. Thus Thomas Mann writes that 'all forming, creating, producing is pain, struggle and pangs of labor'. Rank cites Alfred de Musset: '. . . Creation confuses me and makes me shudder. Execution, always too slow

for my desire, stirs my heart to terrible palpitation and weeping, holding back violent cries only with difficulty, I give birth to an idea.' In another place: 'It [the idea] oppresses and torments me, until it becomes realizable, and then the other pains, labor pains set in, actual physical pains that I cannot define. Thus my life passes away, if I let myself be dominated by this giant of an artist who abides in me.' Here we see the tension between the two elements distinctly expressed. The begetting in work, emphasizes sometimes the masculine, sometimes the feminine element—creation or surrender. In the fantasies of my patient regarding her work, this split was clearly expressed by the fantasy that her drawings were delivered to her by a painter, a man; she merely copied them. In another life, she had been a man and the dead boy twin was a part of her for which she was constantly searching.

This conflict and tension can never be completely resolved in actual life; it represents, in a way, a condition of unavoidable, inherent frustration. This frustration is the source of the artist's fantasy, driving him again and again to forsake disillusioning reality and to create a world for himself in which he, in his imagination, can realize his desires. It forces him to sublimation. The play of the child too, to which Freud has linked the fantasy of the artist, develops from the circumstance that the child for biological reasons is still largely denied the realization of his desires and the mastering of reality. It is characteristic of the artist that gratification by fantasy alone does not satisfy him; he feels the urge to give form, to give birth to his work. The birth of the work leads temporarily to satisfaction and relief from tension.

The analogy to children's play is even closer, serving as it does the two purposes: one, the pleasurable gratification from fantasies in which unfulfilled wishes are realized; second, the mastering of painful experiences in repetitious acting-out. We find both elements in the artist's work. Frustration drives him to construct his own imaginary world of gratification, and in his art overcathexed experiences are constantly recreated as in play. In comparing the works belonging to different periods

of an artist's life, we find a predominance now of one element and now of the other.

Returning briefly to the problem of susceptibility to trauma, one might speculate as to whether the traumatophilia of the artist cannot be linked to his heightened bisexuality. This bisexuality makes a unified, nonambivalent object relationship difficult in relation to both sexes, thus favoring narcissistic libido fixation which again increases the danger of trauma. In a very enlightening passage from Hebbel's diary, we find this concept implicitly stated. He writes that of the 'two antitheses' only one is ever given to us.

'The one having advanced into existence, however, yearns constantly towards the other, sunk back into the core. If it could really grasp it in spirit and identify itself with it; if the flower for example could really conceive the bird, then it would momentarily dissolve into it; flower would become bird, but now the bird would long to be the flower again; thus there would no longer be life but a constant birth and rebirth, a different kind of chaos. The artist has in part such a position to the universe; hence the eternal unrest in a poet, all eventualities come so close that they would embitter all reality for him, if the power which engenders them did not likewise liberate him from them, in that he, by giving them shape and form, himself assists them, in a way, to reality, thus breaking their magic spell; it requires, however, a great deal and far more than any human being who does not experience it himself, within himself, can surmise, not to lose equilibrium. And natures lacking genuine form-giving talent must of necessity be broken in spirit, whence, therefore, so much pain, and madness too.'

A problem is touched upon here which is of basic significance for this discussion—the problem of identification. The significance of bisexuality in the life of the artist receives here its main support. For how could the artist succeed accurately in portraying so many characters of both sexes if he did not find them within the realm of his own experience? What, for

instance, would bring the male artist to describe the life of a woman if he did not in so doing, reproduce his own unfulfilled experience? In the striving to solve and overcome ambivalent attitudes, identification is always attempted. The artist projects his ego in polymorphous transformations into his work, that is, he projects his inner experiences into an imagined outer world. The *real* outer world however, is also experienced by identification. We find then a process of alternate introjection and projection. No better description of this can be given than that found in a letter of Schiller:

'All creatures born by our fantasy, in the last analysis, are nothing but ourselves. But what else is friendship or platonic love than a wanton exchange of existences? Or the contemplation of one's Self, in another glass? . . . The eternal, inner longing to flow into and become a part of one's fellow being, to swallow him up, to clutch him fast, is love.'

Artistic expression is the sublimation of this eternal, inner longing. The quest for exactness of expression, the passion for the *mot juste* arises from this never fully satisfied urge; the struggle with the word is the struggle for identification in sublimated form. Flaubert, who would struggle for days for a single phrase, wrote: 'If one possesses the picture or the feeling very exactly within one's self, then the word must follow.'

How the urge to identification is experienced and the urge to creation arises from it, is very sensitively described in a short story by Virginia Woolf. She describes a railroad journey. Opposite her sits a poor woman whose unhappy expression leaves her no peace. 'Ah, but my poor, unfortunate woman, do play the game—do, for all our sakes, conceal it!' The game that all people should play is to conceal their feelings. The unfortunate woman had a twitch, a queer headshaking tic. The author attempts to keep herself from being influenced, tries to protect herself by reading the *Times*. In vain. Then they exchange a few words. And while the poor woman speaks,



'she fidgeted as though the skin on her back were as a plucked fowl's in a poulterer's shop-window'. Further on we read:

'All she did was to take her glove and rub hard at a spot on the window-pane. She rubbed as if she would rub something out for ever—some stain, some indelible contamination. Indeed, the spot remained for all her rubbing, and back she sank with the shudder and the clutch of the arm I had come to expect. Something impelled me to take my glove and rub my window. There, too, was a little speck on the glass. For all my rubbing it remained. And then the spasm went through me; I crooked my arm and plucked at the middle of my back. My skin, too, felt like the damp chicken's skin in the poulterer's shop-window; one spot between the shoulders itched and irritated, felt clammy, felt raw. . . . But she had communicated, shared her secret, passed her poison.'

Still seeking to protect herself the author begins to fantasy about the life of the woman, filling the next twenty pages with her imaginings. She entitles the story, *An Unwritten Novel*, by which she would seem to reveal that the resolution through identification has not been successful. Here we find pictured the urge to identification, as well as the threat to the ego from it, the threat of being overwhelmed by an exaggerated response to an external stimulus reaching traumatic proportions.

In this ready identification of the artist there remains an element of magic which is conspicuous in the imitativeness of children at play. The tendency quickly to identify is a basic feature of the world of magic. The artist, susceptible to magic to strong degree, is able to charm others so that they in turn feel themselves one with him.

It seems that surrender of the artist to the world is almost always automatically bound up with an attitude of defense and protection, so that the artist never seems to belong completely. It is only this defense attitude which allows him to express his experience in his work. It may very safely be asserted that artists who do not have this defensive attitude become incapable of living or creating. This is true of those artistic natures that

succumb early to disease, seek narcotics, resort to drugs, and sooner or later destroy their personalities. In my patient, this defensive attitude was too rigid; she had no freedom of identification, the anxiety was too great, so that her artistic productivity was inhibited.

### Summary

Susceptibility to trauma, a strong tendency to identification, narcissism, and bisexuality in the artist are related phenomena.

The basis of the drive to artistic accomplishment lies in a heightened bisexuality. Closely related with this is a traumaphilia, compelling the artist to seek and then overcome the trauma in continual repetition. From the latent frustration develops the artist's fantasy. The urge to identification and expression in work appears as a sublimation of the bisexuality.

The frequency of neurosis in artists may be explained by their heightened bisexuality. They are spared neurosis to the degree that they succeed in overcoming their conflicts through artistic sublimation.

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## IN MEMORIAM

Paul Schilder

1886-1940

On December 7, 1940 Paul Schilder was struck by an automobile and died a few hours later. He died at a time when he was most happy in his private life and widely admired for his scientific work.

It is not possible to evaluate Schilder's achievements by enumerating his publications. His was a colorful versatility as well as an almost incomprehensible fertility of mind. In the thirty years since he received his medical degree, he published a number of books and pamphlets and several hundred scientific papers. His publications ranged from studies in neurology (by which he was fascinated early in his career and to which he returned again and again), psychiatry and psychoanalysis, to pure philosophy; from careful observation to pure theory. It is probable that he was on his way towards a synthesis of his work when he died. It will be the task of the large community of his friends to collect and to organize his discoveries, observations, theories, and critical comments, in order to find the basic plan which exists in every life dedicated to scientific work.

After his graduation from medical school in 1909, Schilder became the clinical assistant, first of Gabriel Anton in Halle, later of Paul Flechsig in Leipzig. At this time he published his papers on *Encephalitis Periaxialis Diffusa* which made his name internationally known (Schilder's Disease) as early as 1912. With the start of the first World War in 1914 Schilder joined the colors, but he contrived to use his spare time—he was a man who always had spare time for work—for the study of philosophy and attained in addition to his medical degree, the degree of doctor of philosophy in 1922. A veritable

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Delivered at the Memorial Meeting of the New York Society for Psychopathology, December 20, 1940.



'Faustian man', he worked without rest and apparently without strain in many fields. There are few neurological or psychiatric problems which did not interest him at one time or other and which were not enriched by his approach. Before the war (1914) were published *Symbols in Schizophrenics* and his book *Consciousness of One's Self and One's Personality*. In 1918 appeared the beautiful little book, *Delusion and Knowledge (Wahn und Erkenntnis)*. At that time he had already come under the influence of Freud and in 1919 he became a member of the Vienna Psychoanalytic Society. On March 7, 1920 he delivered his first paper before the Vienna Society on the topic Identification.

Wagner-Jauregg did not altogether approve the psychoanalytic orientation of his pupil and assistant, but displayed, nevertheless, the greatest appreciation for Schilder's scientific personality. As early as 1921 he was made *Privatdozent* and in 1925, professor. For some time it looked as though he were Wagner-Jauregg's favorite. Unhappily, these were two strong but dissimilar personalities and friendship between them ceased. Otto Pötzl, Wagner-Jauregg's successor to the chair of the Vienna Psychiatric Institute, said in one of his first lectures: 'I must admit that there is a man who should be here in my place: Paul Schilder'. By that time Schilder had left Vienna. He undoubtedly hampered his career by his open and early adherence to psychoanalysis. He was never a man to dissemble or curry favor; he was frank and acted according to his openly expressed convictions.

Space does not permit a listing of Schilder's numerous papers. Among his books are *Soul and Life* (1923), *Medical Psychology* (1924), *Introduction to a Psychoanalytic Psychiatry* (1928), and several books on a subject which held a strong interest for him, *Body Image*, a term which he took from the psychiatrists A. Pick and H. Head and to which he gave significance by synthesizing it with Freud's conception of the ego as primarily a body ego.

Schilder's memory was phenomenal. He not only had read, it would seem, the entire neurological and psychiatric litera-

ture, but he kept it in encyclopedic order in his memory and could produce this store of information for the benefit of colleagues and pupils. He was particularly skilful in formulating scientific problems. The many who turned to him for advice know that well and will feel his loss heavily. This recalls Schilder's lovable ways in personal contacts, a gentle quality rare in so prodigious a worker. He was always ready to listen, to serve as an intermediary. He was kind, helpful often against his own best interests, friendly without condescension.

Psychoanalysis has lost in him one of its most important exponents. There is no psychoanalytic problem to which Schilder did not make substantial contribution. He extended the concept of the unconscious (Schilder's 'sphere'), investigated the problem of rebirth in the dreams of epileptics, criticized Freud's concept of a death instinct. For the eternal dualism of the body-soul he wished to substitute an identity. In this respect he agreed with Smith Ely Jelliffe who has made the same holistic approach with the same courage. Schilder labored over an enormous field indeed. Freud once told him that he worked in 'too wide dimensions' instead of limiting himself to psychoanalytic microscopy. Yet Schilder did not overlook details, as for example, in his observation of a frequent inferiority of the lower extremities in agoraphobia, and many, many more.

He showed less interest in the modern technique of psychoanalysis, the minute analysis of resistances. Here differences of opinion arose and led to serious misunderstandings which were at the point of resolution when he died. Psychoanalysis has become so vast a field that it is very well possible to travel along different paths in its service. For more than ten years Schilder lectured on psychiatry to the students of New York University. His lectures were built upon a sovereign control of psychoanalytic theories, Adolf Meyer's psychobiological approach as well as a psychosociological orientation.

During the last ten years of his life he was fortunate in having as his collaborator, Dr. Lauretta Bender, herself a leading

psychiatrist, who was his devoted wife since 1937. The unusually happy family life they enjoyed together came for him relatively late in life. To them were born three children, two boys and a girl, the last a few days before his death.

We shall not forget Schilder. He has made for himself a unique place in the science to which he devoted his life work. His personality, embracing wholehearted cheerfulness and humor and at the same time an almost uncanny scientific aggression, will leave an enduring impression.

FRITZ WITTELS

## BOOK REVIEWS

THE PROBLEMS OF AGING, BIOLOGICAL AND MEDICAL ASPECTS. A publication of The Josiah Macy, Jr., Foundation. Edited by E. V. Cowdry. Baltimore: The Williams & Wilkins Company, 1939. 758 pp.

We must thank Professor E. V. Cowdry for a most successful synthesizing of current knowledge bearing on an important medical problem. What he has achieved by this symposium is more than a summary, more than a survey. This comprehensive exposition of the biological, medical, psychological, and sociological data bearing on the problems of aging creates valuable total impressions and stimulates new thought.

New avenues for investigation are suggested and new therapeutic goals proposed. The psychoanalyst who is better versed in the lore of eros meets here with the less familiar work of thanatos. Many authoritative collaborators open up fascinating vistas by their discussions of those biological problems basically connected with the problems of growth, aging, and death. It is futile to attempt even the briefest summary of these solidly packed pages. Only a few of the reviewer's reactions to this stimulating work are recorded here.

It does a medical psychologist good occasionally to leave the more habitual categories of his field and confront elementary biological problems like aging and death, the antitheses of life and growth. One is astonished by the discovery that there is no scientifically demonstrable certainty of the inevitability of aging and death. What we are accustomed to accept as axiomatic is no more than a high probability.

Here is a glimpse into the biologist's investigation of these basic phenomena. H. S. Jennings in his stimulating essay, *Senescence and Death in Protozoa and Invertebrates*, discusses the aging of protozoa. He states it as a generally accepted natural law that full active living leads inevitably to exhaustion and decline; yet some stocks of *Paramecium Aurelia* are 'visibly rescued from death and restored to high vitality by the intervention of sexual reproduction—the union of individuals by conjugation'. Virtual immortality is thus achieved by some stocks. It is assumed that a resting



reserve in the micronucleus makes possible an escape from the law above stated. By endomixis this relative immortality is achieved in some strains without sexual rejuvenation. (Endomixis is a process in which the worn, exhausted macronucleus is replaced occasionally by portions from the reserve micronucleus within the same cell.) But then Jennings reports the discovery of Dawson working with *Oxytricha Hymenostoma* in which the micronucleus was absent and yet the stock continued living indefinitely. The biologist is here obliged to explain this apparent inexhaustibility by the hypothetical existence of an undetermined reserve substance. It must then be admitted that there is no scientific proof of the inevitability of exhaustion of actively functioning organisms.

Although the theory of rejuvenation through the sex act in plants and animals is based on a wide range of observation, it is by no means incontrovertible. Instances are given in which the bearing of seed and fruit hastens the death of the organism, as in monocarpic plants described by William Crocker. Jennings furthermore relates that many of the weaker individuals among the protozoa perish during the 'rejuvenating' act of endomixis.

William Crocker in *Aging in Plants* presents facts which open up a fascinating issue of interest to students interested in the degree to which behavior is molded by environment. *Saprolignia Mixta*, a fungus that grows on flies in water forming a halo of branching filaments about them, goes through several stages in its life cycle. First it forms zoosporangia on the tips of its mycelia from which asexual spores form to infect other flies. In its last stage of development the fungus forms sex organs from which are formed sexual resting spores. Then after a few weeks the fungus dies. This is a destiny familiar enough and one which we share with this fungus. But Crocker quotes the question raised by Klebs, 'Is this very regular succession of different stages, each with its special forms and functions, dependent upon internal causes alone, or do the external nutrient conditions act with the internal structure to determine the order of development, and even the life span?'. Suffice it to say that Klebs by changing the nutrient medium, the environment of this plant, succeeded in maintaining it in a state of veritable immortality, and this without its going through its asexual and sexual spore forming stages. In many life forms many variations in the life cycle and life span can be produced almost at will by proper modification and regulation of growth conditions.

In the light of all this it seems that we show a lack of sophistication if we accept without question the existence of the basic pattern: birth, living out the life span during which the individuals of any one species present fairly fixed and uniform characteristics, followed by involution and death.

In another experiment, Klebs starting with the rosettes of the house leek, all derived from the same plant and each of which he grew under a great range of environmental conditions, could produce more than a 'dozen types of life history with great variations of life span'. The types varied from one with rosettes that produced a flower stalk with a few flowers at the tip and lived but one season, to a type producing rosettes that produced upright stems, that grew year after year continuously adding to the size of the stem. He could also produce wide variations in the character of the flowers as to the color, size, symmetry and number of flower organs.

In contrast to this plasticity to an altered environment, the common annual chickweed could be made to vary its life course and life span very little even when grown under a wide range of conditions. Klebs changed the light intensity, the light duration, the moisture, the temperature and the soil chemistry, but he could never prevent the plant from flowering after setting four to twelve pairs of leaves and otherwise showing 'an internal fixity as to their life duration and course'.

Perhaps the prominence given here to some of the scientific uncertainty regarding the inevitability of decline and death is motivated by one's own personal wish for immortality. These essays, however, although furnishing ample documentation of the aging process, agree pretty unanimously that the present tempo of man's aging cannot be demonstrated as being biologically inherent. William DeB. MacNider discusses the decreased ability of the aged epithelium to repair after injury. Walter B. Cannon states that although homeostasis is not altered in old age, the ability for restitution of homeostasis to normal when it is disturbed by vigorous activity or by greatly altered environment or by disease, is gradually decreased with age. He concludes that 'the conditions of the homeostatic mechanism in old age can be summarized in the statement, that when subjected to stress they are revealed as being more and more narrowly limited in their uniformity of the internal environment of the living parts'.

When he reads these essays dealing with the aging processes in the several systems of the human body, the psychiatrist, accustomed to think of the body as a whole, is struck by the fact that aging breaks up the continuity of the bodily pattern, dissolving the integration and harmony of the body-mind schema. This results from the uneven rate of aging of the various bodily systems: some systems, like the gastrointestinal tract barely age at all; others like the central nervous system age early. This dissolution of harmony occurs also within many of the individual systems. For example, F. D. Weidman finds in the aging skin 'a certain faltering of orderliness of tissue patterns', and incidental to that a decreased storage capacity of vitally needed chemicals that has a bearing on general bodily welfare. The instability of the endocrine system and the increase in muscular fatiguability are, according to T. Wingate Todd and to A. J. Carlson, largely due to the instability of the nerve mechanisms controlling their function. This discontinuity of orderliness and harmony in the soma suggests to the psychiatrist a correlative disturbance in the integration of the ego. This resulting disintegration is probably distinct from and perhaps psychiatrically more important than changes in the ego which would result simply from a homogeneous decrease in the strength and vitality of the soma. The latter process is represented in many phenomena such as the 'exhaustion' of fundamental bodily rhythms as exemplified by the menopause. The gonads and other organs of internal secretion undergo a loss of reactivity as well as a disturbance of the nerve control.

This reviewer largely on the basis of facts set forth in these essays has in another discussion drawn attention to some psychological effects of aging which possibly are attributable to this phenomenon of selective and uneven aging of the various bodily systems. A survey of the rate of aging in the various bodily systems establishes the impression that aging makes the greatest and the earliest inroads on those parts of the soma which are the organs of the most mature functions of the ego, namely the central nervous and the genital systems. These organs are also most highly invested with narcissistic libido. Ferenczi has called the brain and the genital the 'poles' of narcissism. This predilection to aging of the highly important receptor and effector functions of the ego is further borne out by the fact that although general skin sensibility is barely impaired (F. D. Weidman), the highly developed senses

of sight (Jonas S. Friedenwald), and hearing (Stacy R. Guild), age early. Another expression of the early changes in the central nervous system is a decrease in the speed in intelligence, observed in the third decade, to be followed by a decrease in the power of intelligence much later, in the sixth or seventh decade (Walter R. Miles). The effect of changes in the central nervous system on the stability of the endocrine system and the muscular apparatus has already been alluded to.

On the other hand, the most primitive reservoirs of the instinctual drives, the gastrointestinal tract, the urinary tract, and the smooth muscle organs generally, are the least and the last affected by the aging process, some systems being not at all affected within the usual life span.

To repeat here a formulation I presented in a recent discussion of this problem, 'Granting that senescence is a general biological involution, one is struck by the *relative* weakening of the ego functions in the face of id drives only slightly abated by the decrements of aging. An old balance of power is definitely dislocated, and to a greater extent than we previously suspected'. The psychological expressions of this disturbed balance cannot here be gone into.

Those who study the personality and social relations of the aged all agree that the outstanding characteristics of growing old are increasing conservatism and rigidity, expressed both when faced with demands to make adjustments to a changing environment, and in therapeutic situations. It is noteworthy that the authors recruited from the psychological and social sciences put more relative weight on psychological, social and other cultural factors in accounting for the morbid psychological aspects of aging. For example, Lawrence K. Frank asks how much of the decrease in efficiency or loss of function in the aged can be accounted for by atrophy of disuse, 'a functional atrophy which may become permanently structured'. This disuse is forced upon the aged by a society which prematurely discards their energies and talents.

Authors of this group are more optimistic about therapy of the aged and about the value of undertaking broader measures to deal with the social and psychological problems presented by the old, both from the view of their individual welfare and from that of social welfare. W. R. Miles speaks glowingly of the great capacity for social altruism the old are capable of. He also brings out many interesting facts to prove that there exists an exaggerated notion of



the extent of intellectual decrement in aging. With the intellectual speed factor excluded a plateau of intelligence is maintained until very late in life. Clark Wissler points out that it is males of forty to sixty and upwards who generally dominate in tribal societies, as well as in our society. He says it is the aged that 'retain the relentless momentum of the living culture. The memories of the aged are the guarantee that the culture will have the continuity upon which its existence depends.'

G. V. Hamilton is quite sanguine about psychotherapy for the aging. He finds that educability is not decreased in the sixth and seventh decades, but that resistance to psychotherapy is.

On the contrary, authors like the internist Lewellys F. Barker who stress almost solely the organic factors in aging, have very little therapeutic optimism either for the mental treatment of the aging individual, or for the larger manipulations of the problems presented by the aging. Barker quotes Freud's warning particularly against deep psychoanalytic therapy in the treatment of psychoneuroses of the aging.

There are many facts presented by the contributors to this book that should make clinicians question an uncritically organic etiology of the personality problems of the aging. A. J. Carlson and Hamilton point out for instance the lack of correlation between gonadal involution and the sexual activity of the aging. In spite of marked gonadal aging, sexual activity often declines very gradually and may continue very late into life; on the other hand diminution or inversion of sexual activity may present a neurotic pattern undistinguishable from that observed in younger people. To quote Earl T. Engle, 'Sex function in both sexes may be seriously restricted in the presence of adequate hormones, or may continue with removal of gonads and restriction of sex hormone production. Variability of sexual activity is very high. . . .' One may here remark that except where there is large destruction of brain matter, as in arteriosclerosis or senility and often even in the presence of such destruction, the psychiatrist sees instances of aging which affect the personality very slightly as well as instances of gross neurotic and psychotic manifestations. The latter will usually be found to be exacerbations or reactivations of morbid personality distortions present from youth. In discussing organic senium praecox, Macdonald Critchley says, 'Closer studies show . . . various traits of infantilism in all such cases. The patient with

precocious senility is not so much one who has passed through the arches of the years with undue rapidity, as one who has in some way failed to grow up . . . or rather has skipped a decade or so.'

Louis I. Dublin's figures show that our world is rapidly changing into a more elderly world because of the rapidly changing 'age structure' of our population. In 1850, 12.4% of the population was 45 or over. Today the figure is 26.5%. In 1980 it will be 30.3%. We are becoming an elderly nation because in 1930 our mean length of life was 62.3 years, whereas the mean length of life in ancient Rome was 20 to 30 years, as it is today in India. If we confine ourselves to western civilization, we find the mean length of life was still only 33.5 years in Breslau in 1687, reaching no greater than 35.5 years in the United States in 1789. Dublin thinks the effect of this shift will be, theoretically, a lowering of the standard of living, a larger proportion of females, and an increasingly conservative political outlook. This may or may not be so, and physicians may have an influence in altering this dark outlook. A large opportunity for intensive endeavor in research and practice is opened up to them in this relatively unexplored field of geriatrics.

SAMUEL ATKIN (NEW YORK)

**HEREDITY AND ENVIRONMENTAL FACTORS IN THE CAUSATION OF MANIC-DEPRESSIVE PSYCHOSES AND DEMENTIA PRÆCOX.** By Horatio M. Pollock, Benjamin Malzberg, and Raymond G. Fuller. Utica, New York: State Hospitals Press, 1939. 473 pp.

Statistical reports of federal and state agencies usually make dull reading. One may recall numerous reports from the New York and Massachusetts State Departments of Mental Hygiene which quote a lot of figures to prove that the rural population is either better or worse off than the urban population, that there is some difference between native born of foreign parents and foreign born of native parents, and that the negro is always in worse shape than the white. In this monograph, however, there is a certain departure from the traditional objectivity which usually is a screen for the lack of scientific imagination. The authors of this monograph are the statisticians in the New York State Department of Mental Hygiene and their conclusions are interesting and sound. Their study was financed by a generous philanthropic foundation, and it

confined itself to an investigation of the hereditary and environmental factors in one hundred and fifty-five cases of manic-depressive psychosis and one hundred and seventy-five cases of dementia præcox. It is interesting that this is the first study of its kind which in addition to the hereditary factors makes a thorough analysis of environmental factors in relation to the development of mental disease.

The one hundred and fifty-five patients of manic-depressive psychosis had 2,377 relatives. On the basis of expectancy of mental disease in the general population, 89.5 cases were expected to become mentally sick, while actually 93.9 developed mental breakdowns. Quite justly the authors conclude that such a divergence cannot be regarded as significant. The interesting fact was observed, however, that brothers and sisters of patients with manic-depressive psychoses have greater expectancy of mental disease than is found in the general population. This psychosis is also more prevalent among females than in males. It is also clear from the study of the siblings that the manic-depressive psychosis is not transmitted as a Mendelian unit character. This does not mean, however, that inheritance does not play a part in the transmission of mental diseases. All it means is that the underlying laws of transmission are not yet understood.

Of the one hundred and seventy-five patients with dementia præcox 2515 relatives were studied. Again the authors find that there is a strong presumption that family predisposition is an important factor in the etiology of dementia præcox.

In as much as the study of heredity of these cases did not show anything conclusive or positive, the authors decided that perhaps there was something in the environment which was equally important if not more so in the causation of mental disease and proceeded to study it with the aid of competent social workers. We quote some of their conclusions:

'Nevertheless, it would be a mistaken inference from the preceding data that a family predisposition, constitutional in nature, is an all-sufficient basis for the development of these mental disorders. The transmission of a mental disease from generation to generation is not a fatalistic process. The elements in the development of a mental disorder are not comparable to physical units which determine such characters as eye color or type of hair. The latter, so far as known, are the consequences of rigid and invariable laws, and appear at stated periods in the physiological development of the individual, irrespective of environmental

changes other than those which may be of such pathological significance as to affect the development of the organism as a whole. Not so, however, are the facts with respect to mental disease. There is no evidence that mental disorders appear inevitably at certain life epochs with the regularity of physiological cycles. No one appears fated to develop dementia praecox because some ancestor had such a disease. It requires something in addition to a diathesis or predisposition. There must be not only a seed but a ground in which to plant the seed. Inferior human stock may still be enabled, through proper nurture, to achieve a life of a fair degree of usefulness. On the other hand, we know that even the soundest of stock may succumb to the repeated onslaught of an unfavorable environment.

'We conclude, therefore, that we cannot speak of hereditary and environmental factors as antithetic causes of mental disease. Both combine, often in subtle ways, to create such disorders. Persons with a diathesis for mental disease will undoubtedly succumb readily to many environmental stresses, which others, more fortunate in their family endowment, may be able to resist and overcome. But certain stresses are of such intensity that if repeated at sufficient length they may overcome the resistance of even the soundest constitutions. It must, furthermore, be borne in mind that siblings are affected by like environmental influences during their formative years. If faulty family habits, attitudes or conditions are factors in causing the mental breakdown of the probands, is it not probable that they would also unfavorably affect some of the other siblings? In the single family circle there is a blending of hereditary and environmental factors that renders it difficult to evaluate their respective influences on the development and health of the children.'

The study of the personal familial and outside environment was done approximately along the same lines as in similar studies in the Boston Psychopathic Hospital in 1930-1936, and at the Phipps Psychiatric Clinic at the same time. Histories of cases were studied in detail, with special emphasis on various mental and environmental stresses in the family, school and industry, and with a great deal of attention paid to the analysis of the interpersonal relationships.

The authors found many difficulties in the lives of these patients prior to the breakdown, but one wonders if a similar group of normal men and women serving as a control would not have similar difficulties. They also came to the conclusion long ago stressed by MacFee Campbell that the given causes for the breakdowns were usually quite trivial. This is especially true of dementia praecox.

The fact that the results of this study corroborate very closely the other studies quoted above point to the fact that the gross macroscopic study of such causes is inadequate. What we need is



a more microscopic technique than that which at the present time is used in clinical psychiatry. The real clue as to what is constitutional and what is environmental will probably be answered more adequately by the psychoanalytic method as it is the only available method at the present time which takes into consideration the study of fluctuations in emotional tone beginning in early infancy. Going a bit further, one might recommend a research technique even more refined, one which would use partly the psychoanalytic method, partly the so called 'projection' methods of genetic psychology, and partly the experimental techniques of the so called gestalt psychology. The utilization of such techniques combined with psychoanalysis is something which has already been undertaken in some of our more research-minded institutions such as the Institute for Psychoanalysis in Chicago.

Considering the limitations of the method used, the present monograph makes a very valuable contribution as the observations are sound and thoroughly checked; scientific judgment is seasoned and the conclusions show the real caution and at the same time practical imagination of the investigators.

J. KASANIN (SAN FRANCISCO)

CONCEPTS AND PROBLEMS OF PSYCHOTHERAPY. By Leland E. Hinsie. New York: Columbia University Press, 1937. 180 pp.

This book sets out to be an introduction to psychotherapy. It covers such an enormous field and its ramifications are so numerous that it is impossible to review them in detail. Nolan D. C. Lewis states in the preface that the work is notable because it is the first attempt to estimate the value of psychotherapy in its relation to clinical psychiatry, and is 'an honest essay' on the different applications of psychotherapy to the problems of psychiatry. Dr. Hinsie is primarily a clinical psychiatrist. Many of the interesting questions he raises, particularly in regard to psychoanalysis, are of peculiar interest just for that reason. Because of his impartiality, they should serve as a contribution to a better understanding of the conflicting points of view in the field of modern psychiatry. The book is meritorious for its compact style.

Although a critical and comprehensive review of this work is almost impossible without covering more pages than the author himself has made use of, one may at least inspect the underlying principles and decide whether the foundation is of sound construc-

tion. The author has chosen for his chief task the survey and comparison of what he calls, 'the two schools' that command the attention of present day psychiatrists—psychoanalysis of Freud and psychobiology of Meyer—with the avowed purpose not of critical demur but of a practical evaluation of their results by objective, quantitative methods. Two other schools, those of Adler and Jung, are relegated to a secondary position since they 'have not been identified with the same extension of interests in the field of medicine'.

In his survey of psychoanalysis, by creating a sense of perspective, Dr. Hinsie helps to correct the common tendency towards distortion of what is new and unfamiliar. He lifts the unconscious from the field of controversy and places it safely in the realm of indisputable fact. To the common opinion that psychoanalysis is merely another form of suggestion, he answers pertinently: 'It is subjective only in the sense that the material comes from the subject under treatment. The psychoanalyst does not produce experiences, nor does he put energy in them. Both of these phenomena were accomplished long before the psychoanalyst ever saw the patient.' He cautions the too-ready critic who has had insufficient training in this specialty. 'The physician must know how to look. When the novice first attempts to look into a microscope, he may see nothing more than the eyepiece.'

In order to confine his exposition of psychoanalytic theory and practice within the eighty pages allotted to it, the author has had to condense the material considerably. It is therefore natural that many omissions occur and defects are inevitable. In general, the author adheres in his description of the structural relations of the psyche to orthodox usage. At other times, he uses terminology lacking in precision, and conveys meanings that are really foreign to analytic thinking. For instance, 'Energy, force, emotions, feelings, interest', are used interchangeably for libido.

There are discussions of regression, projection and hypochondria, in which the points involved are intricate, the distinctions not always clear, and the thinking difficult to follow for someone who is not well versed in analytic literature. There are other subjects which find surprisingly scant recognition. Infantile sexuality is only mentioned once in the following brief statement: 'There are special designations to indicate the particular organic zones to which emotions are secured. Thus, one speaks of oral, anal, and

genital emotions as subdivisions of autoerotism.' The œdipus complex is mentioned only in the chapter on psychobiology, and then only by way of apology in describing the regression of a patient to an infantile level: 'The patient feels, acts, and thinks in terms of his own childhood. He has regressed from environmental to familial socialization. . . . All sorts of reactions . . . may be the symbolic representation of a defense against the regression to childhood and its consequent dependence upon the family unit. Technically, this is called the œdipus complex.'

In comparing psychoanalysis to psychobiology, there is a tendency towards oversimplification which serves to emphasize the contrasts and differences between the two. Thus, the one has to do to a large extent with the treatment of psychotics, the other with the treatment of neurotics; the one is concerned with that part of the personality which is referred to as the 'conscious', the other is chiefly related to the 'unconscious'. The chief interest of the psychobiologist is to alter external reality and create an artificial environment by which to reëducate the patient. The primary aim of the analyst is 'to trace the meaning back to the earliest experiences and feelings that can be recalled by the individual under analysis', and 'to him the material of the conscious sphere serves principally as the vehicle by which one gains contact with the sphere of the unconscious'. 'Psychobiologists', writes Dr. Hinsie, 'build up assets; psychoanalysts remove liabilities'.

We believe that the author has missed a valuable opportunity. By overemphasizing the contrast between psychobiology and psychoanalysis, he has failed to disclose the less spectacular similarity which might serve as a basis for comparison, and has omitted the common denominator. In order to ascertain quantitatively the value of two objects, one must use a fixed unit of measurement; otherwise one will be in the unprofitable position of the arbiter in the well-known dispute between the elephant and the whale. In this respect, we should be inclined to criticize the use of the word *school* as an object of comparison. The author justifies his use of the word by an analogy. Research workers in the separate fields of psychoanalysis and psychobiology are said to resemble two geologists whose respective spheres are allocated to different levels of the earth's surface. These spheres of interest are the conscious and unconscious levels of the mind. The two may overlap, and

the investigations of the one may influence and be coördinated with the findings of the other. This analogy appears to us incorrect because it confuses the instruments and material with which the scientist works with his ultimate aim and purpose. The ultimate aim is here undoubtedly the rehabilitation of the patient's mental organization, the psyche. The material might be compared to the conscious and unconscious systems of the mind, but the instruments which are used are so mutually incompatible and unlike that they cannot easily be classed together. They are the dynamic forces which are applied to modify psychic phenomena, in other words, the therapeutic agencies proper. They are so dissimilar in appearance, that at first glance a comparison seems impossible.

In comparing psychobiology with psychoanalysis in respect to their therapeutic effects, we should take particular pains to examine the dynamic forces which are at work. There can be no doubt in general as to what these are. In the former some method of education in one form or another is an active agent in all varieties of treatment. What belongs exclusively to the latter and is peculiar to it, is the technical use which is made of the transference. However, this statement is not sufficiently inclusive for it must be assumed that here also education plays an important rôle. We believe that the author has minimized the amount of education involved in analysis, and which may serve for purposes of equation with the work of education accomplished in psychobiology.

Dr. Hinsie writes: 'One of the basic principles of the psychobiologist constitutes what the psychoanalyst calls "reality testing" in his (the psychobiologist's) process of education.' As a matter of fact, it is the psychoanalyst who must have his sheet-anchor grounded in the realities of life.

Nor is the anamnesis of less importance in psychoanalysis as Dr. Hinsie asserts, than it is in psychobiology. To be sure, it is gathered in a different manner, piecemeal, here and there, but none the less it is of tremendous importance. It is the fabric on which conjecture is patterned. Like history, it may be transcribed to suit the taste of the historian, and a patient in analysis may tend to distort the facts or leave gaps that are unexplained. But here, intrinsic evaluation of the material by the analyst forms a valuable



corrective which takes the place to a large extent of documentation by relatives and friends, and it is precisely in a revaluation of the patient's subjective attitude that what is known as the patient's 'secondary gain' can be impressively disclosed.

It is a paradox that although psychoses are considered more serious catastrophes than psychoneuroses, they are more apt in certain types to undergo spontaneous recovery. This, however, is not always the case. Dr. Hinsie, for instance, mentions a case of globus hystericus which spontaneously recovered in four months, and whose symptoms could be accounted for along psychoanalytic lines. He pertinently asks what was the cause of recovery, and how many similar cases exist which untreated run an equally benign course. In his comments on psychoanalysis, he makes the accusation that descriptive psychiatry in the field of psychoneurosis has too long been neglected in contrast to similar achievements in psychiatry. We do not know enough about remissions and spontaneous recovery, about the onset, course and duration of psychoneurotic syndromes. Too little attention has been paid to clinical diagnosis, and no diagnostic classification exists at present which it is possible to use for statistical purposes. How can therapeutic results be appraised when there is such confusion, he inquires, and what is the cause of all the trouble?

He answers the latter question as follows: 'It is a well established truth that psychoanalysis is the outgrowth of a therapeutic ambition. . . . Whether or not the opinion is justified by facts is one of the questions raised for discussion here.' The implication is that psychoanalysts have purposely begged the question.

Other assertions which the author makes are open to challenge. That psychoanalysis is the outgrowth of a therapeutic ambition is an ambiguous statement, and the statement that descriptive psychiatry is deficient in the field of psychoneuroses and that too little attention has been paid to adequate classification is open to question. In this instance, one might recall some of Freud's earlier papers describing the clinical entities neurasthenia and the hysterias, or Abraham's contributions to the relation between manic-depressive disorders and obsessional neuroses, not to mention a host of others. At the present time also much attention is being paid to the subject of nosology and to morphological distinctions.

SYDNEY G. BIDDLE (PHILADELPHIA)

THE LIFE AND DEATH INSTINCTS. By Arthur N. Foxe, M.D. New York: The Monograph Editions, 1939. 64 pp.

By no one is a discussion of the problem of the death instinct more appreciated than the reviewer, and for this reason the present volume was eagerly and hopefully read. It is the more disappointing, therefore, to be obliged to report that the book contributes nothing to the understanding of either the life or the death instinct, renamed by the author the '*Vita*' and the '*Fatum*'.

The two page introduction is stimulating and promising. Nothing thereafter lives up to the promise. What is not dull and platitudinous ('Virtue, then, is the social law' . . . 'Spices stimulate—they seem to vitalize . . . ') is incredibly naïve. This *naïveté* is not only of style but of content. For example, he asks if the baby sucking at the breast is 'acting through the drive of sexuality or of self-preservation, or . . . both . . . ', and his commentary is, 'An analyst might scratch his head in perplexity'.

It is only fair to add that here and there one finds some evidence that the author has some understanding of parts of psychoanalytic theory, but he is much more interested in philosophizing in a rambling way about some renamed concepts.

Chapter eleven is an appendix, one-half a page long, in which the author lists the 'etiological factors in the formation of the *criminoses*'. What this has to do with the rest of the book is beyond the reviewer. None of the standard contributions by psychoanalysts to the etiology of criminality are referred to in the bibliography.

KARL A. MENNINGER (TOPEKA)

THE LANGUAGE OF THE DREAM. By Emil A. Gutheil, M.D. New York: The Macmillan Company, 1939. 255 pp.

The author of this book is a follower of Stekel. He writes the book because he feels 'that the hitherto-existing books on dream interpretation are either too voluminous or too little instructive, or are out of date' (p. 1). He intends it to serve as a textbook on dream interpretation and for 'chiefly practical purposes' (p. 2). To judge from the glossary at the end of the book, it is meant primarily for the layman, since such words as cerebral, celibacy, defloration, introspection, phobia, are defined.

There are seven chapters dealing among other things with dream elements, basic mechanisms, symbols, and an exposition of active analytic interpretation. The book's scientific basis is guaranteed by a number of illustrations and curves, for instance, the five illustrations on page 54 of geometric figures that symbolize the male genitals and the five on page 56 that symbolize the female genitals. In addition, Fig. 12 shows schematically the physiological excitement leading to an orgasm, while Fig. 13, the arrow-pierced heart, is given as an illustration of a symbol for coitus.

The author gives due credit to Freud, and on at least two occasions states that his interpretation of dreams was 'a gleaming example' (pp. 170, 247). It seems that wherever it suits his purpose he accepts Freud's work, only to reject it on other occasions, particularly in relation to the technique of the analysis of dreams. Although he constantly emphasizes that the patient's associations are utilized *whenever necessary*, it appears that the necessity only arises when the interpreter cannot make up his mind as to what the meaning of any particular dream or dream element should be. This is brought out especially in that part of the book where the author compares his interpretation of dreams with those published by Freud and others, in order to show the superiority of his own technique. It is of interest that he plunges in without the possibility of fulfilment of his own criteria, namely a thorough knowledge of the patient and his psychological problems, in order to show how much better his own interpretations are, stating, 'I leave it to the reader to decide which of the demonstrated methods is the most economical and least speculative' (p. 244). The essence of his technique is 'activity', which involves simplification of the manifest content of the dream by a combination of intuition and a hypothesizing guess as to what the various parts of the dream might represent. The patient is then presented with the meaning of the dream in order that he may discover and discuss his main problems and thus revive and discharge his complexes (pp. 109, 254, and others).

The author sets up one of the usual straw men to knock down in the oft-repeated statement concerning hunting for sexual symbols by the 'orthodox psychoanalyst', and a casual reader might be left with the impression that to the freudian psychoanalyst nothing but repressed sexual wishes is ever present in a dream. This in spite

of the dreams and dream interpretations which he himself quotes from freudian sources and the explicit statement of Freud in his own book that, 'in dream interpretation, this significance of sexual complexes must never be forgotten, nor must they, of course, be exaggerated to the point of being considered exclusive. . . . Above all I should not know how to dispose of the apparent fact that there are many dreams satisfying other than—in the widest sense—erotic needs, as dreams of hunger, thirst, convenience, etc.'<sup>1</sup> In his zeal to prove the validity of his particular form of dream interpretation, the author has chosen a number of examples cited in the literature from freudian sources which undoubtedly are vulnerable. Unfortunately for his thesis, his own interpretations seem to be equally, if not more, bizarre.

On page 52 he offers seven practical suggestions for beginners. One of these should be of particular interest to psychoanalysts, namely, the injunction that the patient should keep a pencil and a piece of paper near his bed in order to put down his dreams immediately upon awakening. This suggestion is made by an author who discusses quite ably and understandingly various phenomena related to resistance and repression.

In the epilogue there is another detail which may throw some light upon the reasons for the publication of such a book. There is considerable emphasis throughout upon the shortness of this type of psychoanalysis. In the epilogue the author makes the statement that 'our advanced technique of dream interpretation enables us to limit the patient's communications and to control them reliably in order to make the duration of the psychic treatment as short as possible. We force the patient to discharge his complexes whenever the therapeutic situation requires it, and after we obtain sufficient insight into the patient's unconscious life, we try to help him solve his personal conflicts and adjust himself to reality, by giving him all the mental guidance he needs' (p. 254). Shortness and light, plus guidance.

The need, if any, for a modern textbook on the dream still remains unfulfilled.

M. RALPH KAUFMAN (BOSTON)

<sup>1</sup> Freud: *Interpretation of Dreams*. New York: The Macmillan Co., 1927. p. 240 ff.



MODERN SOCIETY AND MENTAL DISEASE. By Carney Landis, Ph.D., and James D. Page, Ph.D. New York: Farrar and Rinehart, Inc., 1939. 185 pp.

This study was made possible through aid granted by the Council for Research in the Social Sciences of Columbia University and the New York State Psychiatric Institute.

The authors have made a comprehensive survey of the social aspects of mental disease with special emphasis placed upon the relationship of the social factors to biology and psychopathology.

Extensive statistics were utilized, available literature examined, and trips were made to various sections of the United States and to the principal countries of Europe to determine the influence of age, sex, marital status, race, nationality, urbanization, and various other cultural, social, and economic factors upon the incidence of mental diseases.

As a result of their studies, the authors conclude that the various peoples of the United States, the American Indian, the African Negro, and the various racial groups of all of the principal countries in Europe are susceptible to the same psychoses. They estimate also that in all probability the actual incidence of mental diseases would be no different in any one group if all statistics were based on a standardized population grouping.

The cultural background and the physical environment of many of the groups are quite different, but the basic mental symptoms remain the same. There are some variations in the incidence of specific psychoses among some of the groups. There was one exceptional finding in the case of the full-blooded American Indian in whom no instance of general paresis was reported.

The content of delusions and hallucinations was found to vary with the prevailing social customs. For example, in Soviet Russia the voice that torments the schizophrenic today is no longer the voice of God accusing him of sin but that of other workers who accuse the patient of not doing his share in the Five Year Plan. Delusions of grandeur are present in psychotic patients of present day Russia, but the grand dukes and kings are replaced by great engineers or inventors.

The authors are not very optimistic about any eugenical solution as a means of social control of mental illness. After reviewing the literature on genetics pertaining to psychoses and taking into account their own observations, they estimate that sterilization of

dementia præcox and manic depressive patients upon first admission would leave unaffected ninety-seven to ninety-eight per cent of cases.

The vast problem of the psychoneuroses is merely touched upon in this survey, which is confined principally to the study of the psychoses. However, the authors refer to the findings of Ross of London who made a follow-up study of 1186 neurotics and found that psychoses followed only in fifty patients. From this Ross concluded that neurosis and psychosis are not simply different degrees of the same condition.

As a result of their data the authors conclude that the social surroundings only ameliorate or accentuate the condition of the mentally ill. However, they favor social security, old age care, placement of many of the chronic patients in colonies or private homes under adequate medical and social supervision, and above all they emphasize the importance of basic research in the problems of psychopathology.

The limitations of the methodology used in making this survey are revealed when the authors deal with the question of the psychological factor in relation to etiology. They conclude that all of their data 'favor the argument that the basic etiological factors of "mental" disease are physiological and constitutional rather than psychological'. They arrive at this conclusion because their findings failed to reveal high rates of incidence of mental disease in times of greatest social stress, such as war, disaster, economic insecurity or 'at those age periods when stress of personal adjustment is the greatest'. They believe that 'the emotional anguish and turmoil of the World War or the economic depression of 1929-1932 should have given rise to an increase in the incidence rate of psychoses, if psychoses are psychogenic, but the records show no such increase'. Such a point of view shows that the authors apparently favor a mind-body dualism in place of a dynamic psychosomatic orientation.

It is evident also that the authors have not given sufficient weight to the unconscious aspect of mental conflict. The strain associated with war and deprivation may lead to great pain and suffering but the latter are not necessarily precipitants of mental illness. It is well known that pain and suffering in certain individuals tend to neutralize unconscious anxieties and tensions.

It would be interesting to subject any individual case history in

this series of statistics to a critical investigation from the psychodynamic point of view. Then only might it be possible to evaluate the significance of 'first admission' in relation to environmental stresses, for the latter are important not only in adolescence and adulthood, as the authors assume, but have their roots in a much earlier period. Conflicts at this level may be evoked by environmental stress of an entirely different nature than economic depression or war.

The fact that cultural differences do not seem to affect the essential nature of psychotic symptoms does not warrant the conclusion that constitutional predisposition is the basic factor in mental illness. Psychoanalysts long have been aware of the fact that there are tendencies in the psyche common to all mankind, which under certain conditions come to expression in patterns of motor, vegetative and emotional discharge, that have been established before the present culture evolved. However, the impact of these primitive modes of expression upon the individual ego, as the personality evolves in its own cultural setting, presents a problem which can be understood fully only through a study of the psychological situation. This is true in the case of the healthy as well as the sick.

EDWIN R. EISLER (CHICAGO)

**FAMILY DISORGANIZATION—AN INTRODUCTION TO A SOCIOLOGICAL ANALYSIS.** By Ernest R. Mowrer. Second Edition. Chicago: The University of Chicago Press, 1939. 356 pp.

This book, originally published in 1927, belongs to the University of Chicago Sociological Series. Its primary function is as a textbook. In this revised edition the author states that the statistical data on divorce and non-support has been brought up to date and that in addition there is 'a recognition of the relationship between personality factors and conflict in marriage relations'. It is this last interest of the author which gives the book its chief importance for the psychoanalyst.

In the introductory chapter a simple concise account is given of the change in family life as a result of urbanization. There follows a brief summary of the remedies which have been proposed by the church, state, and individuals to prevent the ever increasing disintegration of the family. These palliative procedures which society naïvely wishes to employ as defenses against the breakdown

of the family resemble those defenses which are used by the ego against instinctual drives—repression ('ordering and forbidding'), compulsive formulæ (ten commandments for holding a husband or wife), denial, protest (feminism). The author very correctly points out that such defense mechanisms assume that family problems can be solved by a rational approach, and that only statistical facts are needed in the formulation of an ideal program.

The second section of the book presents statistical data of divorce in general and of divorce and desertion in an urban community, Chicago in particular. Dr. Mowrer analyzes the many shortcomings of such data, placing particular stress on the limitation of a monographic method when applied to a large urban center. A monographic method implies a homogeneity of the population which does not exist in a city like Chicago, whose total population is actually a collection of many small communities. The great variation of the divorce and desertion rates for five different groups (non-family, emancipated, paternal, equalitarian, and maternal family areas), raises many fascinating problems for research in the field of sociops psychoanalysis.

A discussion of the case study method and its application to family disintegration constitutes the third part of the book. Dr. Ernest W. Burgess, who writes the foreword, is the chief proponent of this method. A quotation gives the author's definition of the case study method: '. . . to understand the way in which families become disorganized, not as a group phenomenon but in terms of the interaction of the principals in the case, necessitates an appreciation of the changes in relations between husband and wife which are typical of disintegrating families. . . . The case-study method, however, based upon an organic conception of the individual, furnishes an understanding of a phenomenon in terms of the relationship between factors in the experience of the individual, who can be more easily manipulated for purposes of control.' With the apparent meaning of the first sentence of this quotation the psychoanalyst would agree. With the second sentence the gap between the psychoanalytic approach and the case study method becomes obvious. Although Mowrer condemns other rationalistic approaches, his use of the case study method is rationalistic. The conscious rationalizations and defenses of the individuals in the histories given are accepted by him as of prime causal importance in the breakdown of a given marital relation while the unconscious



factors are ignored. The final words of the quotation indicate that Mowrer is setting up sociology as a new kind of control. The social worker and sociologist with the use of this scientific method are to be the new manipulators of family relationships. This over-valuation of science is all too common a phenomenon.

A very excellent selected bibliography in relation to family problems and an adequate index are included in the book.

HELEN V. MCLEAN (CHICAGO)

PETER KÜRTE. A STUDY IN SADISM. By George Godwin. London: The Acorn Press, 1938. 58 pp.

Originally planned as an introduction to the English version of Professor Karl Berg's '*Der Sadist*'<sup>1</sup>, a study of the Kürten case, the author states that 'it became somewhat too long for its original purpose' and what was to be an introduction was therefore published as a separate volume.

It can be divided roughly into two themes: an exposition of why Kürten was considered sane and therefore executed, and an attempt to trace the development of his personality and the unconscious trends behind his criminal activities.

Both themes are presented with a good deal of confused thinking. In the discussion of Kürten's 'sanity' the author admits that 'since the terms of reference imposed by law on the experts were legal rather than scientific, the question settled by the verdict does not finally dispose of the question which Kürten poses in his sinister and enigmatic personality for the psychopathologist and medico-legal expert'. However, despite the question thus introduced, he tries to justify the decision of the court that Kürten was 'sane' on the ground that he was clever enough to keep 'his lust on leash' when there was sufficient danger of his being apprehended, and that he could thus exercise the free will which, in Germany, is the legal hallmark of sanity. He then goes even further and says that Kürten would also have been convicted in England under the old law laid down in the MacNaughton case according to which a man is 'insane' if he does not 'know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong'. In this criterion the 'postulate of 'free will' is, of course, tacitly understood to be operating.

How far this viewpoint lies from the scientific psychoanalytic approach to criminality can well be seen in Alexander and Staub's

<sup>1</sup> In preparation for publication by the Acorn Press.

The Criminal, the Judge and the Public<sup>2</sup>. The glaring fallacies in the concept of legal responsibility are nowhere better stated and traced from their historical sources than in a recent paper by Gregory Zilboorg<sup>3</sup> in which he calls free will a 'basic human megalomaniac superstition' and shows how the function of 'knowing' is devoid of affective empathy with the victim in frank psychotics, criminals and children. That they must each be placed in the same general scientific category and treated accordingly follows as the only logical deduction. Dr. Zilboorg's final point, that medico-legal experts erroneously consider 'legal insanity' as though it were a scientific concept instead of a purely legal one, is highly applicable to the trial of Kürten in which these experts helped condemn him by the use of a terminology which has no reference to scientific fact.

The author's attempt to trace the development of Kürten's personality and the unconscious trends behind his criminal activities is combined with an effort to again point to the harm done an already pathological personality by psychiatrically unsupervised incarceration. He carries this point very well but when he tries to delineate the growth of the forces in Kürten's illness he exhibits an amateurishness marked by a confusion in psychoanalytic concepts and terms.

Nevertheless there are isolated flashes of understanding running through the whole exposition which give it a certain titillating interest. One looks forward to the study of Kürten by Professor Berg to which this is a preface. From the wealth of anamnestic data and fantasy productions at hand, it could possibly be studied as extensively as The Schreber Case and from it might be gained a deeper understanding of sadism with its unconscious concomitants.

HERBERT A. WIGGERS (NEW YORK)

**FEVER AND PSYCHOSES.** A Study of the Literature and Current Opinion on the Effects of Fever on Certain Psychoses and Epilepsy. By Gladys C. Terry. New York and London: Paul B. Hoeber, Inc., 1939. 167 pp.

In this book the author reports the results of an investigation of the effects of fever on certain psychoses and epilepsy. The report

<sup>2</sup> Alexander, Franz, and Staub, Hugo: *The Criminal, the Judge and the Public*. New York: The Macmillan Co., 1931.

<sup>3</sup> Zilboorg, Gregory: *Misconceptions of Legal Insanity*. Amer. J. Orthopsych., IX, 1939.

is divided into three parts, the first being a survey of the literature dealing with the effects of febrile diseases on mental disorders, the second, a report on the clinical use of artificially induced fevers, and the third, a summary of the opinions of various observers concerning the therapeutic effects of artificial fever in the psychoses.

In the first section the author reports that a study of the literature shows that in cases of mental disorders which were benefited by an intercurrent natural fever there were seven points that stood out. She observes that these factors are those present in cases which are ordinarily expected to recover spontaneously.

In the second section the author states that further detailed experimentation with febrile reactions in patients with affective psychoses is indicated; that on the basis of present available material the therapeutic value of fever is either negligible or that reported recoveries were coincidental with spontaneous improvement. The author feels that it would be unfortunate if the present preoccupation with the insulin shock treatment should interfere with further experimentation on the use of fevers in affective psychoses.

In the final section the author states that the wide divergence of opinion concerning the therapeutic effects of fever on mental disorders indicates the speculative nature of the opinion and that until further basic facts are available no conclusions can be drawn.

The book is concluded with an extensive bibliography.

CHARLES W. TIDD (BEVERLY HILLS, CALIF.)

THE MENTALLY ILL AND MENTALLY HANDICAPPED IN INSTITUTIONS. By Joseph Zubin. Public Health Reports; supplement, No. 146. Washington: United States Government Printing Office, 1938.

This report supplements a number of others which are designed to note the incidence of mental disorders and diseases from the standpoint of 'interregional differences in the institutionalization of mental patients in the United States'. The statistics are carefully compiled and the conclusions drawn from them are conservatively stated. It is obvious that since ninety-seven per cent of all hospitalized mental patients in the United States are taken care of in public institutions, and since approximately one per cent of the total population is hospitalized because of a mental handicap, the problem constitutes one of the most important units in the field of public health.

The interregional differences that exist in the hospitalization rates for the various mental disorders seem to parallel the socioeconomic differences that are known to exist between the nine geographic regions of the country as established by the Bureau of the Census. The southern regions tend to have lower rates than the northern regions. Whether this differential is due to lesser incidence of mental disorders in the southern regions or whether it is due to lack of facilities, negative attitude towards hospitalization or similar sociological rather than biological factors remains to be investigated.

The report should serve as an excellent guide to those who are administratively responsible for the care of the mentally ill and mentally handicapped as well as for those who are interested in the relative rôles of heredity and environment as factors in hospitalization.

L. E. HINSIE (NEW YORK)

SCIENTIFIC HYPNOTISM. By Ralph B. Winn, Ph.D. Boston: The Christopher Publishing House, 1939. 168 pp.

The reader's worst suspicions of the scientificity of this offering are hereby confirmed.

After citing a long list of ailments that can be relieved or cured by hypnosis, the author writes: 'It may be used also to prevent arteriosclerosis whenever its development is due in part to constipation or gastric disorders' (p. 136).

It is a pleasure to report that the author is uncompromisingly opposed to psychoanalysis.

JULE EISENBUD (NEW YORK)

YOUR EXPERIMENT IN LIVING. By Michael A. Cassidy, M.D., and Helen Gay Pratt. New York: Reynal and Hitchcock, 1939. 153 pp.

In the brief compass of a book which can be read easily in two hours these authors have sketched the salient and undisputed problems of adolescent life for the consumption and enlightenment of the child in mid-adolescence. The text is addressed directly to the reader, as if the author were holding a conversation with the boy or girl in question.

The book is divided into nine chapters. The first three deal in the main with the presentation of physiological facts in easily



assimilable form, and with a description of the physical and psychological aspects of personality. The fourth introduces the problem of venereal disease, describes its dangers, and relates it to various other fields in preventive medicine as a social as well as an individual problem.

There then follows an excellent chapter on adjustment to the family in which the authors appear as mildly apologetic champions of the parental outlook. It would be a comfort to any perplexed parent of children in mid-adolescence to read this chapter.

This is followed by chapters on adjustment to the sexual impulse and on the institution of marriage, in which these problems are simply and directly treated without any discoverable prejudice. In a chapter entitled *Charting Your Course* the authors make a strong plea for early orientation towards a plan for career building. The last chapter attempts to pull together the philosophy of living which has been hinted at earlier in the text. The main focus of this philosophy is the emphasis on the social and biological foundations of life as experienced today. The individual is urged to realize that in addition to a biological heredity over which he has no control he is necessarily subject to a society which has made laws and built traditions for his greater security and welfare; that in consequence it is his privilege and duty not only to adapt to these environmental influences but also to add whatever he can to the soundness of the social structure of which he is a part, and thus to build both for himself and for his own biological and social heirs.

This book is both readable and practical. It should be welcomed by thoughtful parents, clergymen, and family physicians, as well as by the readers to whom it is particularly addressed.

JOHN A. P. MILLET (NEW YORK)

**A STUDY OF JEALOUSY.** As Differentiated from Envy. By T. M. Ankles. Boston: Bruce Humphries, Inc., 1939. 109 pp.

On the jacket this book is described by a reviewer in the *Library World* as 'a useful work in psychoanalysis'. Actually it is a badly organized, awkward report of some 'research' regarding jealousy done by the author as his postgraduate thesis in psychology at the University of London.

Personal interviews and written questionnaires were used to obtain subjects' opinions and feelings about jealousy, and these

results are summarized in the book. The author seems very pleased with the 'solution' he has reached of the problem of jealousy and offers his book as a means of therapy for jealous persons. His 'solution' is to regard jealousy as being based on (1) inferiority; (2) homosexuality; (3) various causes. He quotes freely from Freud, Jones, Glover, Briffault, MacDougall, Shand, Stekel, Watson and others and tries to use Kretschmer's, Jung's and Adler's systems of classifying character types among his subjects. The result is a hodgepodge which would be difficult and unilluminating reading even if the author's style were lucid.

ROBERT P. KNIGHT (TOPEKA)

HOW TO ACHIEVE SEX HAPPINESS IN MARRIAGE. By Henry and Freda Thornton. New York: The Vanguard Press, Inc., 1939. 155 pp.

The contents of this book originated in data discussed at meetings of a technical sex discussion group which met fortnightly for two years. The discussions were recorded and revised after suggestions were received from a distinguished American sexologist. One of the two authors of the final form of the material is a psychologist of long professional experience in marriage consultation work.

The book describes in great detail the preparations and practices that enter into adult sexual experiences. Those with little knowledge of reproductive anatomy and physiology and those with little imagination will find ample supplementation here. This supplementation, however, might have gained considerably in value had the authors not chosen to sweeten this very useful, objective and factual book with a rhapsodic phraseology ('sweetest kiss of all', 'sweet and exciting sensation', 'especially delectable', etc.) which becomes at times a bit sticky.

To be sure, in spite of the drawback in the style, the lay reader will find useful information and reassurance on such pertinent subjects as masturbation, homosexuality and other aspects of sexual expression. The discussions of so called normal and pathological sexual functioning, however, are vitiated by many factual inaccuracies. Types of functioning which are adaptations to symptomatic inhibitory forces are presented as normal; for example: 'the contentment of sex satiety comes from exhaustion of sex craving, whether this be brought about explosively by orgasm or slowly through prolonged sex play. The latter seems to be the natural

way for many women . . . this is true of one third or more of wives . . . '. This is explained by means of biology. Another example: 'The best course for any woman who is about to be married is to consult a physician . . . who can very easily open up the hymen . . . by cutting two or three little nicks . . . '. Self stretching of the hymen is also recommended!

The discussion on frigidity and impotence is lamentably naïve from a psychoanalytical point of view. The authors assume that these difficulties, if not due to sex hormone deficiency in the female or concomitant physical disease in the male, is then due to original faulty technique or is the result of attitudes of shame and fear which can usually be cured by reëducation. Recalcitrant cases are advised to go to the clinical psychologist. At no time is it even implied that sexual dysfunctions might require medical, psychiatric or psychoanalytical treatment.

LILLIAN MALCOVE (NEW YORK)

**MIND EXPLORERS.** By John K. Winkler and Walter Bromberg, M.D.  
New York: Reynal and Hitchcock, 1939. 378 pp.

This reviewer knows of no major discipline save psychiatry which does not boast its historian. A number of brief isolated articles, an occasional short survey in a textbook, a brief work here and there covering a limited period, these only whet the appetite for this most fascinating of historical feasts. Small wonder that this is so, for it is difficult to conceive of another task within the scope of medical history which would require so broad a grasp of the manifold cross currents of human history as well as so exacting a technical equipment for its performance.

To enlighten the educated layman about the main trends of psychological science Winkler and Bromberg have written a most engaging account of the lives of the pioneers in this field. In the main they hew to sound historical lines and one can have little fault to find with the fair and equitable manner in which they present the divergent schools of psychology and psychiatry. Spectacular chapter headings and occasional lapses into journalistic jargon, things which are probably inevitable in any popular work of this nature, are here minimal in number. It is refreshing to read a book of this type in which the authors succeed in telling their story in a convincing and effective manner without succumbing too often to the temptation of playing down to their audience.

For the rest it is difficult to understand why such a disproportionate part of the book has been devoted to the American psychologists. This is not to underestimate their contribution nor is it meant as a comment upon the sprightly chapters concerning William James and G. Stanley Hall; but it seems justifiable to question why Pavlov should be dealt with in a sentence or two while Thorndike, Woodworth, Gates, *et al.*, merit many pages. Johannes Weyer too deserves more than a word. Parenthetically we find the story of this valiant pioneer at least as full of 'human interest value' as that of the men who evolved intelligence testing. True, the authors duly submit their apologies for the many inevitable omissions but the reviewer questions the distribution of their emphasis. He should also like to have seen mention of Luria's work on hypnosis as well as of experimental neuroses in animals in the final chapter, which is termed 'Mental Science and the Future'.

To the readers of this QUARTERLY the chapter on psychoanalysis will be disappointing. Statements such as the following only serve to compound a hoary confusion still unhappily fresh in the minds of laymen: 'As the *purely sexual problems* [italics ours] faded into the background, the need for understanding the ego became evident to Freud and he modified his theories accordingly'. Besides, is this sound psychoanalytic history? Again, one is at a loss to evaluate this bald assertion: 'Even its best advocates admit that psychoanalysis is (in the wrong hands) one of the most dangerous techniques known to medicine'. So, we submit, are surgery and obstetrics, and often enough the practice of internal medicine—in the wrong hands. And as for 'admitting' such a truism, we are certain that the 'best advocates' of psychoanalysis would not only admit but insist upon it. But we are not certain that there is too much to be gained by frightening off a public already steeped in resistance.

The limitations referred to are certainly remediable in nature. The book is a most praiseworthy attempt at dispelling the many prevailing misconceptions about psychological science. Written with grace, ease and often brilliance it should prove to have widespread appeal.

NATHANIEL ROSS (NEW YORK)



THE BEHAVIOR OF ORGANISMS. An Experimental Analysis. By B. F. Skinner. New York: D. Appleton-Century Company, Inc., 1938. 457 pp.

This book is an important attempt to set up a science of behavior. It is in the best tradition of academic psychology. It is by a thorough worker with a real knowledge of the scientific method, and a keen critical mind which sees through the limitations of most of the approaches to problems of behavior. As a single example, he states, 'The need for quantification in the study of behavior is fairly widely understood, but it has frequently led to a sort of opportunism. The experimenter takes his measures where he can find them and is satisfied if they are quantitative even if they are trivial or irrelevant. Within a system exhibiting reasonable rigor the relative importance of data may be estimated and much useless measurement avoided. With a systematic formulation of behavior it is usually possible to know in advance what aspect of behavior is going to vary during a given process and what must, therefore, be measured. In the present case the following aspects of the system bear upon the problem of the measure to be taken: (1) the definition of behavior as that part of the activity of the organism which affects the external world; (2) the practical isolation of a unit of behavior; (3) the definition of a response as a class of events; and (4) the demonstration that the rate of responding is the principal measure of the strength of an operant. It follows that the main datum to be measured in the study of the dynamic laws of an operant is the length of time elapsing between a response and the response immediately preceding it or, in other words, the rate of responding.'

This passage is quoted at length because it gives something of the author's approach. His aim is a science of behavior which studies behavior as a subject matter in its own right. For the present he is well satisfied that it should be entirely descriptive and analytic. His experiments are based upon the Pavlov conditioned reflex but he emphasizes the importance of spontaneous behavior and drive. 'Most of the pressure', he says, 'behind the search for eliciting stimuli has been derived from a fear of "spontaneity" and its implication of freedom. When spontaneity cannot be avoided, the attempt is made to define it in terms of unknown stimuli.' His

own stand is as follows, "The kind of behavior that is correlated with specific eliciting stimuli may be called *respondent* behavior and a given correlation a *respondent*. The term is intended to carry the sense of a relation to a prior event. Such behavior as is not under this kind of control I shall call *operant* and any specific example an *operant*. . . . The term reflex will be used to include both respondent and operant even though in its original meaning it applied to respondents only. A single term for both is convenient because both are topographical units of behavior and because an operant may and usually does acquire a relation to prior stimulation. In general, the notion of a reflex is to be emptied of any connotation of the active "push" of the stimulus. . . . An operant is an identifiable part of behavior of which it may be said, not that no stimulus can be found that will elicit it (there may be a respondent the response of which has the same topography), but that no correlated stimulus can be detected upon occasions when it is observed to occur. It is studied as an event appearing spontaneously with a given frequency. . . . The strength of an operant is proportional to its frequency of occurrence, and the dynamic laws describe the changes in the rate of occurrence that are brought about by various operations performed upon the organism.'

Thus the author's approach is apparently derived mainly from critical evaluations of the contributions of Watson and Pavlov and is influenced by dynamic psychology. This latter influence is evident in the stress upon what the author calls 'operant behavior'.

The author limits his work to phenomena that can be dealt with experimentally and measured quantitatively. The book rests upon the results of six years of experimentation with rats. The number of variables measured was carefully limited. The main unit of behavior studied was the depression by the rat of a rod on the wall of the cage under various conditions. Once the experiment was set up, the data was recorded mechanically. Laws of reflex and 'operant' behavior were derived from and tested by these experimental results. The observations and the system of behavior are confined to rats, although the author's explicit aim is the understanding of man. French has already written upon relations between the conditioned reflex and psychoanalytic knowledge of human thought and behavior. It is to be hoped that correlations with this newer behavioristic work, based upon the conditioned

reflex, but with increased recognition of spontaneous activity, will be valuable and stimulating to both fields although the differences in viewpoint are at present considerable. The work shows a broad knowledge of academic psychology and neurophysiology and the ability in most cases to appreciate other points of view. Judging from the single remark about the psychoanalytic approach, the author does not have a clear understanding of the contribution of Freud, although his grasp of the thought of other scientific schools is usually keen, appreciative, and critical. The isolation and limitation of the phenomena to be studied are, of course, in the best scientific tradition, and recall the strict concentration of Freud, an organic neurologist, upon data which were essentially psychological, since this had become the essence of the problems which absorbed him.

LEON J. SAUL (CHICAGO)

**YOU AND HEREDITY.** By Amram Scheinfeld, assisted in the Genetic Sections by Morton D. Schweitzer. New York: Frederick A. Stokes Company, 1939. 434 pp.

The title of this book is not meant to imply that the reader can find in it a guidebook which will enable him to make posterity to order. As in most books on heredity, the central character in whom most of the gene juggling goes on is the fruit-fly, *Drosophila*. The aspiring parent of the human species will find here few practical hints on how to conduct himself.

Nevertheless, if the reader can put himself into an academic frame of mind he will find in this book a wealth of interesting material described in a fascinating manner. Although the conclusions are drawn from the experiments with *Drosophila*, the minutiae of human morphology are discussed in a most engaging manner. The emphasis throughout is more on where you have come from than where you are going and suggests a good deal of fun in your own home to be derived from scrutinizing closely relatives who might be otherwise uninteresting.

Stressing the limitations of our present knowledge of the science of genetics, the author suggests few practical eugenic applications. Only eight pages are devoted to the 'sick mind' including feeble-mindedness, schizophrenia, Huntington's chorea, etc.

MARTIN GROTJAHN (CHICAGO)

**GENERAL PSYCHOLOGY: FROM THE PERSONALISTIC STANDPOINT.** By William Stern. Translated by Howard Davis Spoerl. New York: The Macmillan Company, 1938. 589 pp.

The general trend in modern academic psychology is toward systematic positions which are much more readily reconcilable with psychoanalysis than the early ones. The problems of personality as an organized totality or gestalt plays an increasingly important rôle not only in systematic presentations but in the fields chosen for experimental research. The personalistic psychology of the late Professor William Stern has an important place in this movement. The central concept of psychology to him was that of the person, and his presentation of psychology followed from this central concept. His three modalities of life, vitality, experience, and introception, are rather closely related to what the analyst knows as the id, ego and superego functions.

The present volume is a textbook of general psychology. It follows the usual pattern. Part one presents the methodological bias and general outline; Parts two to six deal in order with perception, memory, thought, behavior, and feeling. The factual material consists of that usually contained in such texts. The interpretation is from the personalistic standpoint. Direct references to and criticism of psychoanalysis are relatively rare, but those given are fairly accurate and tempered. The psychoanalyst who wishes to orient himself in the field of general psychology would find himself more at home with this text than with most of those now current.

The book is a translation of *Allgemeine Psychologie auf personalistischer Grundlage*, a work which was well known to German psychologists. In this edition some passages have been omitted and some additional material for American psychologists added. The bibliography has been reworked with the American reader in mind. The work reads very smoothly for an English translation of a German scientific treatise.

J. F. BROWN (LAWRENCE, KANSAS)

**PSYCHOLOGICAL DEVELOPMENT: An Introduction to Genetic Psychology.** By Norman L. Munn. New York: Houghton Mifflin Co., 1938. 582 pp.

This is a fairly complete work on psychological development. The author spent much time in producing this book; he gives a clear



picture of mental growth from its beginning, in both the animal and human organisms.

The writer has organized the facts of modern genetics and gives a summary of early development of infant behavior. With this biological foundation he gives experimental findings related to the understanding of alterations in adaptive behavior in highly developed animals and growing humans.

In chapter fifteen the author discusses the psychoanalytical theories about behavior and personality development but shows that he has very little knowledge of psychoanalysis, to which he is strongly opposed. The writer's strong resistance to psychoanalysis must be the reason why he omitted Professor Freud from his thirty-six page bibliography.

LUDOLF N. BOLLMEIER (HOT SPRINGS, ARK.)

**AFTER FREEDOM.** By Hortense Powdermaker. New York: The Viking Press, 1939. 408 pp.

This is a well written and interesting sociological description of a negro community in the deep South. In this community children are brought up in a family with a loose elastic structure, very often in a fatherless household. They seem to develop well in this environment because on the one hand there are no unwanted children and on the other there is little maternal overprotection as the mother has sufficient sexual outlet even when there is no resident male in the house. Adopted children are well treated. The fact that no discrimination is made against adopted children is reminiscent of the classificatory relationship system of primitive Australian tribes and the custom that all the 'mothers' give the nipple to each other's children equally. But there is a lot of conflict in the stepchild situation. 'One reason may be a suspicion that the new mate will be jealous of a stepchild as the concrete evidence of a former love relationship.' 'There may also be a reflection of the [other] child's resentment against the various intruders who usurp the real parent's affections' (p. 207).

Thought provoking discussions of other psychological aspects of life in this community make the book well worth reading on the whole.

GÉZA RÓHEIM (NEW YORK)

## ABSTRACTS

An Outline of Psychoanalysis. Sigmund Freud. Int. J. Psa., XXI, 1940, p. 1.

The International Journal of Psychoanalysis 'can think of no more appropriate method of honoring the memory of Sigmund Freud than by presenting the readers with a translation of one of his few unpublished writings'. This work is a concise total summary of psychoanalysis. It is very regrettable that it had to remain a fragment. The precision of the presentation as well as the linguistic expressiveness are admirable. This last work of Freud again shows the well-known exceptional character of his classic works.

The intentional brevity naturally makes it inavoidable that the paper have rather a theoretical character and give no clinical examples. It states, as Freud says, 'the doctrines of psychoanalysis, as it were, dogmatically in the most concise form and in the most positive terms'. A reader not already acquainted with psychoanalysis would not be convinced by such a presentation, but 'to compel belief or to establish conviction' is not, Freud states, the intention of his paper. A person not well informed might get an incorrect picture of psychoanalysis in as much as he gets no insight into the long, manifold, patient clinical detailed work that necessarily preceded those formulations which now read so easily. It would also be possible for a beginner to misuse the 'dogmatic' formulations. But for analysts such a concise outline is immensely advantageous, and I am sure that many seminars in psychoanalytic institutes will use this outline as a basis for detailed discussions of all the important problems of psychoanalysis.

The paper consists of three parts. The first discusses The Nature of Mind, the second, The Practical Task of Psychoanalysis, the third, The Theoretical Yield.

The Nature of Mind (*des Psychischen*) is shown as a field of biological functions. The phenomena of mind cannot be understood by studying their somatic substratum. Instead it is necessary to hypostatize a psychic apparatus in which energetic processes occur. The understanding of those processes opens the psychic field to natural scientific comprehension. The basic insights into the essence of mind are the differentiations of id, ego and superego, the importance of the instincts, the history of the development of the instincts, especially of sexuality, the existence and function of the unconscious and of the primary process according to which it works, and the genesis of consciousness. The last is illustrated by the example of dream work.

The Practical Task consists in regaining the unconscious parts of the mind for conscious disposition and so curing neuroses (eliminating conflicts between the psychic provinces). This is accomplished by psychoanalytic technique which overcomes resistances by means of the basic rule of analysis, and by interpretation. As 'an example of psychoanalytical work', the development of the oedipus complex and its relation to the castration complex in both sexes is discussed.

The Theoretical Yield is the understanding of the mechanisms of the psychic apparatus by which it attempts to master outer and inner difficulties. The outer difficulties, the conflicts with reality, are dealt with in detail and their pathology

discussed: total or partial loss of contact with reality in psychoses and in neuroses (like fetishism), and also in certain normal phenomena. The chapter, *The Inner World*, which deals with inner difficulties is unfortunately broken off after the discussion of the superego which is simultaneously outer world and id.

There are some passages in which Freud takes a position with reference to questions that have been controversial. He stresses that the psychic unconscious forms the basis of psychoanalysis: '... the other view which held that, what is mental is in itself unconscious, enabled psychology to take its place as a natural science like any other'. The question as to what constitutes this psychic unconscious is this time answered. It is identical with the basic somatic processes: psychoanalysis 'explains the supposed somatic accessory processes as being what is essentially mental'. And as in other sciences the aim of the study of those processes is to enable us 'to "understand" something in the external world, to foresee it and possibly to alter it'.

It is well known that Abraham subdivided the oral phase into a preambivalent sucking phase without objects, and an ambivalent oral-sadistic biting phase. There were objections to this subdivision which stressed the existence of object-destroying sucking fantasies and of autoerotic biting activities. Freud agrees with Abraham: 'Sadistic impulses already begin to occur sporadically during the oral phase along with the appearance of the teeth.' Doubt is again expressed about the existence of infantile vaginal excitations: 'The occurrence of early vaginal excitations is often asserted. But it is most probably a question of excitations in the clitoris. . . .' Daly's theories of the significance of menstruation for psychosexual development are accepted by Freud to the extent that in enumerating those biological modifications in sexual life of phylogenetic importance for the development of human psychosexuality, he mentions in addition to the dual onset of psychosexuality, 'the transformation in the relation between female menstruation and male excitement'.

With reference to the differences of opinion about the question, at what age the oedipus complex is normally established, the following remark is of importance: 'When a boy, from about two to three years old, enters upon the phallic phase of his libidinal development, . . . he becomes his mother's lover.'

On the theory of instincts, Freud takes the same point of view as in his other later writings, stressing the importance of the death instinct.

With reference to the structural theory Freud develops a new viewpoint which partly contradicts his prior statement. Describing the processes in the id as occurring in accordance with the primary process only and as having no goal other than immediate discharge, he writes: 'The id knows no precautions to ensure survival and no anxiety; or it would perhaps be more correct to say that, though it can produce the sensory elements of anxiety, it cannot make use of them.' This could be interpreted as meaning that the unknown dynamic-economic changes which form the basis of anxiety occur in the realm of the id but do not turn into anxiety unless their derivatives reach the perceptive system of the ego. But the following sentences leave no doubt that he really ascribes to the id a certain capacity for perception: 'The id, which is cut off from the external world, has its own world of perception. It detects with extraordinary clarity certain changes in its interior, especially oscillations in the tension of its

instinctual needs which become conscious as sensations in the pleasure-unpleasure series. . . . It remains certain that self-perceptions—general feelings and sensations of pleasure-unpleasure—govern events in the id with despotic force.' These interrelations have always been described as follows: the processes in the id are governed by the biological Nirvana principle, and know no other goal than discharge. If this goal is approached, the perceptive apparatus of the ego experiences pleasure; if it remains unattainable, displeasure is felt. The pleasure-displeasure principle is the modification of the Nirvana principle applied to the perceptive apparatus. There has been no doubt that there are very primitive perceptions; that the roots of the capacity of perception are at least in layers of the ego which are very near to the id. For Freud to ascribe them to the id proper leads to interesting consequences. To ascribe the outer perceptions of the ego (the pleasure-displeasure originating in the depths of the organism itself) to the id, would entail serious theoretical difficulties.

It has been assumed that the ego, as distinct from the id and superego, comes into being with the perception of objects, and we have many reasons for the assumption that the ego in this sense is undeveloped in the first stage of extrauterine existence. We used to say, it is true, that in primary narcissism 'all libido is concentrated in the ego'; however in so saying, ego had the meaning 'organism', as distinct from 'non-ego', and was not a structural conception and distinct from the id. It is therefore surprising to find Freud writing: 'It is difficult to say anything of the behavior of the libido in the id and in the superego. Everything that we know about it relates to the ego, in which the whole available amount of libido is at first stored up. We call this state of things absolute, primary narcissism.' This writer must confess that the earlier formulations seem to him more adequate.

The criticism has been made that Freud in defining the 'erotogenic zones' in Three Contributions to the Theory of Sex did not differentiate between the centripetal nervous stimuli arousing excitement (skin, mucous-membranes, muscles, joints, etc., as erotogenic zones) and the chemical sources which determine whether those centripetal nervous stimuli have erotogenic character (the hormones as 'sources' of the libido). In the paper under discussion this distinction is likewise not made. Freud writes: 'There can be no question that the libido has somatic sources, that it streams into the ego from various organs and parts of the body. . . . The most prominent of the parts of the body from which this libido arises are described by the name of *erotogenic zones*, though strictly speaking the whole body is an erotogenic zone.'

It will be remembered, that Freud once tried to differentiate neurosis from psychosis by stating that the neurotic represses—in accordance with outer demands—parts of the id, whereas the psychotic, from disturbance of the function of reality testing, denies the unpleasant reality. Later, in describing the perversion of fetishism he stated that the fetishist denies the unpleasant reality of the female genitalia in a similar manner. Though the fetishist consciously knows reality, he acts as if he did not know it. So, at this point there seems to be no radical difference between psychosis and neurosis, since neurotics, too, deny reality, and psychotics, too, sometimes show their knowledge of reality in spite of their delusions. This split of the ego is this time discussed in detail



in the chapter about the relations of the psychic apparatus to the external world. Freud writes: 'We may probably take it as being generally true that what occurs in all such cases is a *split* in the mind. Two mental attitudes have been formed instead of a single one—one, the normal one, which takes account of reality, and another which under the influence of the instincts detaches the ego from reality. . . . It must not be thought that fetishism constitutes an exceptional case in exhibiting a split in the ego. . . . We can now supplement this by a further assertion that . . . the ego often enough finds itself in the position of warding off some claim from the external world which it feels as painful, and that this is effected by *denying* the perceptions that bring to knowledge such a demand on the part of reality. Denials of this kind often occur, not only with fetishists; and whenever we are in a position to study them, they turn out to be half-measures, incomplete attempts at detachment from reality. The rejection is always supplemented by acceptance; two contrary and independent attitudes always arise and this produces the fact of a split in the ego.'

There are many illuminating comments on the etiology and therapy of neuroses. Interesting is Freud's introductory remark about the justification of a general therapeutic optimism from the fact that the dreamer awakens in the morning, showing 'that even so deep-going a modification of mental life as this can be undone and give place to normal functioning'. Freud's therapeutic optimism is nevertheless not too great; as in previous works he is reserved in estimating the general therapeutic value of psychoanalysis. 'We shall not be disappointed,' he writes, 'but on the contrary we shall find it entirely intelligible, if we are led to the conclusion that the final outcome of the struggle which we have been engaged in depends upon quantitative relations, upon the amount of energy which we can mobilize in the patient to our advantage, in comparison with the amount of energy of the forces working against us. Here once more God is on the side of the big battalions. It is true that we do not always succeed in winning, but at least we can usually see why it is that we have not won. . . . For the moment we have nothing better at our disposal than the technique of psychoanalysis, and for that reason, in spite of its limitations, it is not to be despised.'

With regard to psychoses Freud retains his therapeutic scepticism in an apodictic form with which certainly not all analysts will agree: 'Thus we learn that we must renounce the idea of trying our plan of cure upon psychotics—renounce it forever, perhaps, or only for the moment, until we have discovered some other plan better suited for this purpose.'

We are surprised to learn that Freud doubts his former opinion that neuroses are sexual diseases. He writes: '. . . it cannot be doubted that the instincts which manifest themselves physiologically as sexuality play a prominent and unexpectedly large part in the causation of neuroses—whether an exclusive one, remains to be decided.' It can be assumed that this surprising doubt is due to Freud's distinction between erotic and destructive instincts, and he probably alludes to the possibility of neuroses based on repressed destructive instincts. Several times he makes the statement that keeping down certain instincts is the difficult task which failed in the neuroses and has to be accomplished by the cure. He does not mention that the adequate satisfaction of the adult's

normal instincts is the means by which 'keeping down' the remaining infantile components is made possible. During the cure 'whenever we have been able to detect the derivatives [of the unconscious] in the ego, we have drawn attention to their illegitimate origin and have urged the ego to eject them'. But we have done so by regaining the energies which have been bound by the struggle of repression in the unconscious, and by putting those energies at the disposition of the ego. This regaining has turned the hitherto unconscious infantile sexual strivings into conscious adult ones.

There are several sentences which seem to stress that the neuroses are unavoidable and nearly biological in character. For example: '... for however long a child is fed at his mother's breast, he will always be left with a conviction after he is weaned that his feeding was too short and too little'. In another place Freud says: 'We must not forget to include the influence of civilization among the determinations of neuroses'. Is it not more than just one of several determinations? In the discussion of the repression of infantile masturbation, inner reasons are said to play a predominant rôle, especially for the female. 'As a rule she [the little girl] soon gives up masturbating, since she does not wish to be reminded of the superiority of her brother or playmate, and turns away from sexuality altogether.' For the male sex the direct castration threat is mentioned as the chief reason for this repression as if it regularly occurred in this form: 'At last his [the boy's] mother adopts the severest measures: she threatens to take away from him the thing he is defying her with. As a rule ... she delegates its carrying out to the boy's father, saying that she will tell him and that he will cut the penis off.' We miss the remark that both the biologically determined inferiority feeling of the little girl and the unrestricted threatening of the little boy may be supplemented or substituted by manifold educational influences of a more restricted form.

OTTO FENICHEL

**The American Journal of Sociology.** XLIV, No. 6, 1939.

This volume is a symposium on The Individual and the Group, presenting 'a variety of attempts to formulate the central problem of sociological theory'. Interestingly enough, it appeared almost simultaneously with the publication of the symposium of the Association for Research in Nervous and Mental Disease, on The Interrelationship of Mind and Body. J. F. Brown introduces his article in the American Journal of Sociology with a brief historical consideration of dichotomies of this type, and Wirth sketches the history of the Individual versus Group controversy in sociology. Both symposia signify integrating tendencies between the various approaches and reveal the divergences as well as agreements. Such integration is not easy for a variety of reasons, not the least of which is the intellectual and emotional difficulties of adaptation from one line of thought to another.

A symposium such as the one under review is of value more as a survey of the different approaches to the present status of thought and knowledge than as a means of advancing the solution of the problem to which it is devoted; for such progress comes only with increasing knowledge through further scientific work and not by taking thought alone.

In this volume, Znaniecki's rather philosophical article on Social Groups as Products of Participating Individuals stresses the group as a synthesis of the rôles of the members rather than as an association of concrete individuals. These rôles are cultural products, systems of values and activities regulated in accordance with definite historical patterns. But the problem of social causality is complicated by the fact that there are various factors besides these which modify or interfere with the patterned relationships between groups and their members.

Halbwachs (*Individual Consciousness and Collective Mind*) criticizes the classical associationistic and physiological psychologies for having limited their studies to the isolated man who even when separated from society retains its effects, particularly in relation to his intellectual processes. Psychology will therefore be either the psychology of the individual as a member of the species, or collective psychology. Collective thought exists only in individual consciousness and represents the interacting states of consciousness of a number of individuals comprising the group. The field of sociology is established by distinguishing between thoughts and sentiments on the one hand and their concrete exterior manifestations (techniques) on the other—that is, between the psychological and physical aspects of institutions. Sociology, Halbwachs concludes, views social phenomena through the frame of reference of collective psychology. The collective mind gives the human consciousness access to all that has been achieved in the way of attitudes and mental dispositions in diverse social groups.

Woodworth (*Individual and Group Behavior*) finds the root of group activity in the individual's tendency to participate. This he demonstrates by the example of team work which is not forced on the individual but grows out of his fundamental objectivity of outlook and effort and which includes the objective results accomplished. Members of a team are adjusted to the same situation and work toward the same result. Conversely, an individual may offer resistance to environmental forces. But this psychology of participation contains the root of group activity.

Blatz (*The Individual and the Group*) classifies the fundamental needs operative in infancy and throughout life as cultural, appetitive, and emotional. It is only when a child has developed to the point of perceiving the similarity of his own experiences to those of others that he may be said to be social. Social life satisfies many basic needs but is not imperative for their satisfaction. To assist in measuring the development of the individual and to delineate individual differences, Blatz differentiates social patterns into three types: (1) an initiated act to induce another into the realm of influence, (2) a response to the initiated act, (3) maintaining one's self in a social situation without contributing to it. There is never just social action but always social interaction. Each response is determined not only by what has gone before but also by what is expected.

Anderson (*The Development of Social Behavior*) presents a summary of some typical studies on child development in relation to social behavior which he groups under four headings: social organization, social attachments, motivation within the group, and differentiation of function within the group. This

interesting paper approaches social relations as dynamic interplays in a field of forces to be described and quantified.

J. F. Brown (*Individual, Group, and Social Field*) presents a brief summary of the historical development of the problem of the dichotomy of individual and group which he traces to the outlook of biological science in the nineteenth century which was concerned with the dichotomy of heredity versus environment. He presents the 'social field theory' as a solution of this dichotomy. He demonstrates the fields of overlapping of biology, psychology, and sociology, illustrated by the implications of freudian psychoanalysis and of Marxian sociology for each other.

Kurt Lewin (*Field Theory and Experiment in Social Psychology: Concepts and Methods*) presents a further description of the field theory as a means of integrating diverse physiological, psychological, and sociological facts on the basis of their interdependence. To explain social behavior it is necessary, he points out, to represent the structure of the total situation and the distribution of forces in it. Topology is a geometry which makes it possible to do this. The problem of the adolescent and the concept of the social group are discussed as examples. It is pointed out that the adolescent is a sort of marginal man in transition from the field of childhood where certain things are permitted and others denied, to the field of adulthood where there are changes in what is permitted and denied. This is represented by topological diagrams. Through this theoretical field approach Lewin succeeds in relating many divergent facts about adolescence in a comprehensive and significant way.

Allport (*Rule and Custom as Individual Variations of Behavior Distributed upon a Continuum of Conformity*) presents a quantitative study of conformity in terms of his J-curve hypothesis. This asserts that whether one measure degree and frequency of hat tipping, of promptness at work in a factory, or behavior in other similar situations, the results when plotted will show a curve from complete conformity through a maximum of those who conform not completely but in high degree and tapering away to the minimum of those who do not.

French's paper (*Social Conflict and Psychic Conflict*) points out that in regard to unpleasant social situations which they cannot face, men develop group delusions and phobias analogous to the morbid manifestations of repression in individual neuroses. Maintaining the analogy, analytic therapy suggests the frank facing of the divergent interests of different groups in our social order which is, as French states, the essence of democracy. This paper is an important suggestion as to a type of approach to certain psychosociological problems. It does not simply draw an analogy between conflicts in individuals and in society. This is done for purposes of exposition. It utilizes knowledge of psychological mechanisms to understand sociological phenomena, and calls attention to the many marginal people who can be swayed to one side or another on a social issue by propaganda; that is, people who have some conflict within themselves over the issues. In these cases we are on the familiar ground of individual psychology even though the conflicts in these individuals seem to deal predominantly with social issues.



Sullivan (A Note on Formulating the Relationship of the Individual and the Group), pointing out that living is for the most part a series of interpersonal processes, stresses the value of considering the fundamental patterns that manifest themselves in these.

Malinowski (The Group and the Individual in Functional Analysis) presents a statement of functional psychology declaring that sociology must study man's bodily needs, environmental influences, and cultural reactions to them, side by side. Analysis of a society into aspects and into institutions must be carried out simultaneously if a complete understanding of that society is desired. 'The analysis of such aspects as economics, education or social control, and political organization defines the type and level of the characteristic activities in a culture, discloses the totality of motives, interests, and values of the individual, and gives insight into the whole process by which the individual is conditioned or culturally formed, and of the group mechanism of this process. The analysis into institutions gives the concrete picture of the social organization within the culture. The twofold approach through the study of the individual with his innate tendencies and their cultural transformation and the study of the group as the relation and coördination of individuals with reference to space, environment, and material equipment is necessary. Symbolism, which is in essence that modification of the human organism which allows it to transform the physiological drive into a cultural value, must make its appearance with the earliest appearance of human culture. Symbols are necessary for communication, for the incorporation of an effective element into a culture, for its transmission, and for the recognition of its value.' Malinowski presents in tabular form a survey of man's main biological and derived needs and their satisfaction in culture and then discusses these at length.

Wirth's paper (Social Interaction: The Problem of the Individual and the Group) is a critical review of the above contributions, with most of which he seems not too well impressed.

Psychoanalysis is represented by J. F. Brown's discussion of certain of its implications and by an example of its application in the excellent and significant paper of French which is one of the extremely few sound and important applications of psychoanalytic understanding to sociological problems. Although the symposium deals with the relationship between group and individual, no utilization is made of analytic knowledge of superego formation and function although this is clearly one of the main points of contact between clinical psychoanalytic experience and knowledge and the main theme of the symposium. This must be due in part to the fact that unfortunately psychoanalytic knowledge is not readily available to workers in other fields. Analytic literature is intelligible mostly to those who are trained and experienced in clinical work. The early fundamental papers of Freud, such as the Group Psychology or the Ego and the Id were written for analysts and are too technical and condensed for their implications to be appreciated without considerable elaboration. Yet so great is the need and interest that the occasional book by an analyst that deals with sociological factors is apt to make an impression and meet a reception far in excess of its merit.

Psychoanalysis today is a scientific field dealing with man's emotional life, and like any other field can be really mastered only after long training, study and experience. There is no doubt, however, that just as sociology will be of value to analysis in understanding the human mind, so analysis holds potentially a fundamental contribution to sociology in all those aspects of it which are concerned with the nature of the participating unit—man. In the symposium the papers of Brown, Lewin, Malinowski and Blatz reflect most directly the increasing interest in and utilization of the growing knowledge of the emotional life.

In reading through the symposium one can not avoid the impression that there is a tendency of the thinking to be abstract rather than always realistic, a tendency to emphasize methodology more than content, and to deal with the peripheral rather than the central fundamental issues of social life. These tendencies are certainly due in large part to the fact that the symposium deals with a rather theoretical topic and one which makes it a temptation to discuss methodology; yet it is not unlikely that these tendencies also reflect one of the difficulties of the stage of development in which sociology finds itself, as J. F. Brown points out in his paper. The situation is analogous to that of academic psychology. So long as it remained cloistered from the urgent problems of the emotional life—the 'brass instrument' era Brown calls it—its contributions missed the essence of its primary objective—human nature. It was Freud who went to the heart of the matter because he was a physician whose therapeutic success depended upon a practical understanding of the source of his patient's sufferings. There was much truth in the old taunt that the man on the street knew more about human nature (from his painful experience in life) than the absent-minded professor. Since academic psychology has become more concerned with the real problems of human nature than with often sterile techniques, it has become more vital and productive. So with sociology. Its domain includes the most difficult immediate and practically important problems which face mankind. As it comes more and more to grips with the realistic problems of man's nature and social interactions (for example, Lewin's experiments with groups of children organized democratically and autocratically), it becomes more interesting and significant.

LEON J. SAUL

## NOTES

THE NATIONAL COMMITTEE FOR MENTAL HYGIENE has issued an appeal through George S. Stevenson, M.D., medical director, and Paul O. Komora, associate secretary, for the organization of the psychiatric profession for the national defense program. In an address on the subject, Dr. Harry Stack Sullivan of Washington stated recently at the Annual Luncheon meeting of the National Committee for Mental Hygiene that psychiatrists are 'singularly equipped, by reason of their familiarity with personality disorganization, to attack the problems involved in the preservation of the country's solidarity and morale', and discussed the rôle of the psychiatrist in the building up of the armed forces, in industrial mobilization, and in the promotion and protection of military and civilian morale. 'We are already involved in the strategy of terror,' Dr. Sullivan said. 'Psychiatrists are here face to face with weapons with which they have some ability to cope. I don't mean the psychiatrists can immediately evolve a counterstrategy with which to defeat the enemy's strategy of terror. I mean simply that our acquaintance with human destructiveness and with disintegration and disorganization of personality is invaluable equipment with which to attack problems in this field. If we are to meet the challenge, we must show an unparalleled readiness for organization and most extraordinary energy and application in accomplishing the tasks before us. . . . Behind the war now involving most of the earth is a world revolutionary movement which requires a change of velocity in the capitalistic-democratic social systems if they are to survive. . . . Psychiatry has suddenly found itself confronted with a stupendous opportunity for services vital to the protection of the very social system that finally evolved modern psychiatry itself. There is not one psychiatrist who can be spared from national mobilization. Our task will not be done unless everyone of us works as he has never worked before in a collaboration that will itself be the triumph of psychiatric principles over the defects to which our time is heir.' Dr. Harry A. Steckel of the American Psychiatric Association reported on the basis of a nation-wide canvass of psychiatric personnel, made by the Association's Committee on Military Mobilization by arrangement with the Surgeons General of the Army, Navy and Public Health Service, 'that there is an ample supply of trained psychiatrists available for a maximum effort of an army of four million men'. The survey showed that over 700 specialists in mental and nervous diseases are available for home service, and over 800 for the armed forces, including 300 who are already commissioned reserve officers in the Army or Navy or who hold positions in the National Guard. Dr. Clarence M. Hincks, General Director of the Canadian Mental Committee for Mental Hygiene, reporting on mental health war work in Canada, said: 'While fatalities among the Canadian armed forces have been few and the general health of the troops good, mental and nervous disorders have been prominent among the disabilities that have developed, accounting for some 30 per cent of the men who have recently been invalided home from Britain. An additional 26.5 per cent, he said, had duodenal ulcer—a condition "frequently associated with emotional disturbances and tensions"'. Economic security sufficient to permit

a reasonable standard of living must be recognized and worked for 'as an indispensable requisite to the continued well-being and vitality of the American family'. Dr. Stanley P. Davies, Executive Director of the Community Service Society of New York, told the group.

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The NATIONAL HEADQUARTERS OF THE SELECTIVE SERVICE SYSTEM, Washington, D. C., has printed a pamphlet for the guidance of the medical profession of the country in the examination of registrants under the Selective Service System 'to provide men for the armed forces of the United States for service and training'. 'The purpose of this Circular is to present to physicians of Selective Service, the great majority of whom are not psychiatrists by profession, methods whereby they may suspect the existence of incapacitating mental and personality factors in registrants coming before them and may either eliminate such individuals or refer them to the psychiatrist of the medical advisory board for examination.

'The military forces can use individuals with many varieties of temperament and experience, but there is no place in an efficient army for the psychopath, the feeble-minded, or the insane. Many individuals so unfortunately affected may do quite well in civil life, in accustomed jobs and in familiar circumstances, but when they are introduced into the unfamiliar environment of military life, with its necessary regimentation, close contact with other persons, separation from their families and inability to escape without fear of grave penalties, they develop various types of mental disorder. These individuals then become a source of trouble to their superiors, exert a deleterious influence on their associates and occupy a disproportionate amount of hospital space. The experience of the World War showed that mental disorder in soldiers was one of the main problems present both in the United States and in the Expeditionary Force. Thirty per cent of the patients now being returned to Canada from the Canadian Forces abroad are reported to be mental cases. *The selecting out of the mentally unfit should begin at the time the candidate appears for the local board physical examination.* In many instances, the registrant and his circumstances will be known to the board members and physicians, belonging as they do to the same community, and this knowledge should assist greatly in reaching a wise decision as to his acceptance or rejection. Pertinent information may be obtained from various charitable and welfare agencies in the community.'

Pages 3 to 7 of this seven page booklet present a *Minimum Psychiatric Inspection*, prepared by the William Alanson White Psychiatric Foundation and offered to Selective Service Headquarters as a patriotic contribution to the national defense program. Brief instruction is given for the detection of mental deficiency, psychopathic personality, major abnormalities of mood, psychoneurotic disorders, pre- and post-psychotic personalities and schizophrenia. Addressed to the State Directors of Selective Service, State Medical Officers, Chairmen of Boards of Appeal, Chairmen of Medical Advisory Boards, Chairmen of Local Boards, Examining Physicians, Members of Medical Advisory Boards, and of practical interest to all physicians, *Medical Circular No. 1* is for sale by the Superintendent of Documents, Washington, D. C. for 5 cents.



THE NEW YORK STATE PSYCHIATRIC INSTITUTE through the generosity of Dr. A. A. Brill, has obtained special equipment for the Freud Memorial Room, a part of the library of the New York State Psychiatric Institute and Hospital. The Memorial Room, opened January 18, 1941, has been established for the filing of psychoanalytic works, the nucleus of which is part of Freud's personal library, consisting of 814 items—books, monographs, pamphlets, et cetera. Dr. Brill's liberal offer assures permanency for the collection, access to which is available for reference to historians, research workers and students of psychiatry. It is the aim of the New York State Psychiatric Institute and Hospital to acquire a complete psychoanalytic library. Individuals wishing to contribute books and other pertinent data should communicate with the Director, New York State Psychiatric Institute and Hospital, 722 West 168th St., New York City.

The PHILADELPHIA PSYCHOANALYTIC SOCIETY was admitted as a constituent society member of the American Psychoanalytic Association at its meeting in Chicago, May 1939. Organized in October 1937, its charter members were Dr. Sydney G. Biddle, Dr. O. Spurgeon English, Dr. LeRoy M. A. Maeder, Dr. George W. Smeltz. At the meeting of the American Psychoanalytic Association May 1940 in Cincinnati, a Philadelphia Psychoanalytic Institute was recognized and approved by the Association, and subsequently with the unanimous approval of the constituent societies. The officers of the Society are Dr. Sydney G. Biddle, president; Dr. O. Spurgeon English, vice-president; Dr. LeRoy M. A. Maeder, secretary-treasurer. The Educational Committee of the Institute offers the following courses for the academic year 1940-1941: Clinical Conferences, Sandor Rado, M.D. (New York City); Continuous Case Seminar, LeRoy M. A. Maeder, M.D. (Philadelphia); Basic Writings and Literature, Sydney G. Biddle, M.D. (Philadelphia); Psychoanalytic Psychiatry, George W. Smeltz, M.D. (Pittsburgh).

The PSYCHOANALYSTS OF CALIFORNIA held their second meeting in San Francisco, September 14-15, 1940. Under the chairmanship of Dr. E. Simmel, the following papers were read: Comments on Freud's Outline of Psychoanalysis, Dr. S. Bernfeld; Some Aspects of the Physiology of Instincts, Dr. D. Brunswick; Schizophrenia and the Compulsion Neuroses, Dr. B. Kamm; Prolegomena to a Psychoanalytic Psychology of Thinking, Dr. O. Fenichel. Dr. Fenichel presided at a Symposium on Neurotic Disturbances of Sleep. Dr. Bernfeld was chairman of a third session in which Dr. Simmel presented a paper on Regression, Repression and Organic Disease. The last session was devoted to the discussion of special problems of psychoanalysis in California. The meeting was addressed among others by Dr. Karl Menninger, Secretary of the Topeka Psychoanalytic Society, and by Dr. Robert Knight, President of the Topeka Psychoanalytic Society who pointed out the present status of psychoanalysis in the United States, and its special relationship to the field of general medicine. It is the present plan of the psychoanalysts in California to meet in the spring and the autumn of each year.

SIGMUND FREUD's *Schriften aus dem Nachlass*, the seventeenth volume of the new edition of Freud's *Gesammelte Werke*, is about to be issued. It contains among others the following items: *Eine erfüllte Traumahnung; Psychoanalyse und Telepathie; Ergebnisse, Ideen, Probleme*. The new edition of the *Gesammelte Werke* is being published with annotations. The various items are printed in the chronological order in which they were written by Freud. Volumes VI, IX, XI and XV are already published and can be ordered from the representative in the United States of Imago of London: Dr. H. Glanz, 112 Haven Ave., New York, New York.

# THE SENSE OF REALITY

BY GREGORY ZILBOORG (NEW YORK)

## I

The psychopathologies of the past were all aprioristic. Even those of Greek and Roman medicine, which appeared strictly empirical and clinical, were founded on *a priori* standards. They took it for granted that there was a right, a correct way of thinking. Any departure from the preconceived intellectual norm was considered pathological. These deviations would not be noticeable, of course, until they became gross enough and too obvious to escape even the man in the street. Historically, rationalism, or intellectualism, was not the only standard in psychopathology. It was also assumed that man naturally follows the good and, if he should turn to evil, he becomes abnormal. In other words, depending upon the prevailing criterion, mental illness meant being irrational or bad, or both. Even today, although the common prejudice against mental diseases is no longer officially upheld by medicine, the general public is still diffusely of the opinion that a mentally sick individual is an irrational, bad, weak or degenerate person. In point of fact, it is difficult if not impossible to define proper reason, good or strong character, health, or degeneracy, but they are taken for granted.

This *a priori* attitude is not limited to psychopathology and does not make it, though some would argue to the contrary, an unscientific system of speculations about the behavior of man. The biologist or physiologist, for example, deals with living tissues. He takes life for granted. He cannot define it very well, or even describe it adequately. He does not doubt that all his colleagues know, in the same way that he does, what life is; or better, he supposes that none of them knows any more than he, and they all proceed with their studies of life and living tissues, unembarrassed by their fundamental ignorance.

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Read before the New York Psychoanalytic Society, April 30, 1940.

The same may be said of the physicist who deals with such fundamentals as force and matter. The major difficulty in a science is not the fact that it is frequently constructed on so called common sense assumptions of good, evil, reason, life, force or matter. The problem lies in how it deals with them. If, for instance, one accepts the inevitability of gravity, everything from a soap bubble to an aeroplane might be considered an illusion; since nothing can violate the law of gravity, anything that seems to deny it does not really exist, or is of the devil. On the other hand, the same respect for gravity might lead to the assumption that the contradiction is only apparent and we might proceed to investigate how the bubble circumvents the manifestations of gravity without violating the basic natural law.

This elementary and perhaps obvious principle of thought admits of mention because it is so often overlooked when we consider such a discipline as psychopathology, which is not an experimental science but is rather observational and descriptive. Paradoxical as it may seem, many a priori assumptions in psychopathology have proven psychologically correct, although their content has undergone considerable modification in the course of centuries. Irrationality is still accepted as a criterion of severe mental illness but we have learned to mistrust our absolutistic attitude towards what is rational. We study the thoughts and behavior of the psychotic and endeavor to discover the basic psychobiological rationale for the allegedly irrational reactions. That a mental disease may be an expression or result of sinfulness we still readily admit; but instead of endowing the concept of sin with an absolute, almost objective value which was the practice of the Catholic psychiatrist of the fifteenth century, or even the Protestant of the Nineteenth like Reil, we bear in mind the deeply subjective, mostly unconscious sense of sin which is the burden of the pathologically depressed patient. We call it the sense of guilt. We might call it the patient's private sin. When we consider a neurotic character or a schizophrenic, we still understand him to be a weak or evil character, though we have partially divested



ourselves of that sermonizing attitude which casts the shadow of opprobrium on the patient. We speak more euphemistically of a social maladjustment, aggressive impulses and weak ego organization.

These are not superficial parallels. One wonders to what extent we still pass judgment on the patient. Is it not here that lies what the physicist calls the element of uncertainty? Does not our human equation still contribute a number of subjective, evaluative attitudes towards the psychopathological phenomena which we are studying with what appears to us the most dispassionate detachment, a detachment we like to call objectivity? Upon the answer which psychology may ultimately find for this query will depend the future status of mental sciences: whether psychology and psychopathology will at length become strictly scientific disciplines or return to the domain of pure philosophy and become again the prey of prejudice and speculative flights. The question seems not only basic but timely, if not really urgent, for the development of psychoanalysis within the last one or two decades has brought us face to face with it. We must now expect either that psychoanalysis will find a scientific answer or, if no solution is forthcoming, the psychopathologist will rightly turn away from psychoanalysis as one would abandon an unfinished dwelling whose architect insists that for some reason there need be no roof. The problem is put here so sharply not because I presume to have an answer. I have not. But there is hope that, if we take cognizance of certain salient facts, we may open an avenue which will lead us to a solution of the difficulty.

## II

There was a time when psychoanalysis was primarily interested in subjective symptoms—anxieties, depressions, hysterical paralyses. It has also concerned itself with certain incapacities which permit a lesser subjective awareness of illness—hypomanic or depressive states, or neurotic behavior. It discovered the unconscious and for a period concentrated on the intensive analysis of the unconscious content of sexual trends and on the

detailed study of dreams. As soon as the extent and activity of the unconscious sphere was established, it was recognized as part and parcel of the total functioning of man's mind; the concept of unity in psychological life suggested itself. The contour of the psychic apparatus began to take shape before Freud's mental eye. Further analysis of the ideational content of the unconscious was by no means abandoned but the center of attention was shifted a little and an additional problem arose: what are the characteristics of mental functioning? As early as 1911 Freud published his *Formulations Regarding the Two Principles in Mental Functioning*. Using as a point of departure a thought expressed a little earlier by Pierre Janet that every neurosis alienates the neurotic from actuality, Freud sketched in broad but poignant lines the developmental road from the pleasure principle to the reality principle. He concluded: 'Just as the pleasure-ego can do nothing but *wish*, work towards gaining pleasure and avoiding "pain", so the reality-ego need do nothing but strive for what is *useful* and guard itself against damage. Actually, the substitution of the reality-principle for the pleasure-principle denotes no dethronement of the pleasure-principle, but only a safeguarding of it.'<sup>1</sup>

Freud was not unaware of the fact that the process of testing reality was complex, often tenuous and fraught with uncertainties. Turning to the unconscious, he stated: 'There is a most surprising characteristic of unconscious (repressed) processes to which every investigator accustoms himself only by exercising great self-control; it results from their entire disregard of the reality-test; thought-reality is placed on an equality with external actuality, wishes with fulfilment and occurrence, just as happens without more ado under the supremacy of the old pleasure-principle.'<sup>2</sup> The importance of psychic reality thus became apparent but this phenomenon, though familiar to all students of analysis, has not been sufficiently correlated with the process of reality testing. It is recognized as an empirical

<sup>1</sup> Freud: *Formulations Regarding the Two Principles in Mental Functioning*, 1911. Coll. Papers, IV. p. 18.

<sup>2</sup> *Ibid.*, p. 20.

finding of fundamental clinical significance but, as we shall presently see, it is not integrated with the whole problem of psychological functioning in the direction of developing the sense of reality. Freud did not confine himself to the statement of this finding or to a cursory glance at the use to which it should be put in our clinical work. After he had formulated his topographical concept of personality and prepared himself to review and revise his conception of anxiety, he returned in 1924 to certain implications contained in the phenomenon of psychic reality. Writing on *The Loss of Reality in Neurosis and Psychosis*, he described the manner in which the neurotic abandons his claim on certain aspects of reality and puts restrictions on the id, whereas the psychotic 'in another, a more lordly manner, creates a new reality which is no longer open to objections like that which has been forsaken'.

'... Neurosis does not deny the existence of reality, it merely tries to ignore it; psychosis denies it and tries to substitute something else for it. . . . It is hardly possible to doubt that the world represents the store-chamber from which the materials or the design for constructing a new reality are obtained. But the new phantastic outer world of a psychosis attempts to set itself in place of external reality. That of neurosis, on the contrary, is glad to attach itself, like a children's game, to a part of reality—some other part than the one against which it must protest itself; it endows it with a special meaning and a secret significance which we, not always quite correctly, call *symbolical*. Thus we see that there arises both in neurosis and in psychosis the question not only of the *loss of reality*, but of a *substitute for reality* too.' Freud also stated: 'A reaction which combines features of both these is the one we call normal or "healthy"; it denies reality as little as neurosis, but then, like a psychosis, is concerned with effecting a change in it.'<sup>3</sup>

The consistency of these conclusions and their implications should be noted for further reference. Freud said in 1911:

<sup>3</sup> Freud: *The Loss of Reality in Neurosis and Psychosis*. 1924. Coll. Papers, II, pp. 279-282.

the reality principle seems to have come about not in opposition to but in order to safeguard the pleasure principle. To put it in our more recent terminology: the ego as an institution of the personality at no time loses its need or purpose to find adequate outlets for the id. Freud said in 1924: the constant loss of reality (relative weakening of the ego and corresponding strengthening of the id) and establishment of substitutes for reality are common to neurosis and psychosis and healthy normal states. Apparently it is a matter of quantitative relationships; it is a matter of the ego's strength in the job of keeping the id properly harnessed and bridled—not in order to bring it to a standstill, for this is impossible without a lethal exodus, but to make it walk rather than trot, to make it trot rather than gallop and to make it pull the ego along the road without fits and starts and with as few jolts as possible. It is also a matter of the ego's ingenuity in mastering and cajoling reality.

After forty years of investigation, psychoanalysis finds that the major part of its attention is drawn to the functions of the ego in relation to reality. Neuroses and psychoses are no longer looked upon as mere manifestations of repressed impulses and ideas but as forms of adjustments to reality. Psychoanalysis is not occupied solely with symptoms as such and with the ideational content of the unconscious. The symptoms reveal themselves as accidental by-products which are sloughed off when the real core of the personality difficulty is properly attacked. We have made more than a little headway in our study of the defenses used by the ego, of its synthetic and integrative functions in relation to the various units of the personality, but the ego's actual manipulation of reality has hardly been taken into consideration. Our interest seems to have skipped over this particular aspect of the problem.

We may properly wonder why imperceptibly we turned away from a better understanding of the rôle of the ego in the problem of reality and instead concentrated on the biological and cultural forces that throw their impact against the ego. That we should be aware of these external forces is obviously of



utmost importance, but the question is whether we can understand their real significance as long as we do not fully know which of them are external and which merely externalized formations of the ego. The whole problem would be immeasurably simplified if we were able to establish once and for all what reality really is. We could then take it as an established datum, invariable under certain conditions, and proceed with our deeper investigation of the ego. Unfortunately, reality is one of the unknowables in science; it is for abstract philosophy to speculate about it. We must take it for granted in the same manner as the physiologist takes life for granted. We may, as we always do, call it diffusely the outer world, but we can also proceed to look at it from the standpoint of the ego and see what psychological components enter into the formation of our concept of it.

### III

We envisage and always evaluate the relationship between the ego and reality by determining how much true interest we have in reality, that is, with how much libido we invest the object. The concept of cathexis proved to be so useful and convenient that we overlooked the essential characteristic of the process of investing objects (persons or things) with libido. This process certainly does not mean that a particular amount of libido, like so much ethereal substance, actually flows in space and time, invisibly but materially, from the individual to the object. It means that our psychic or perceptive apparatus bears an image of the object, not a photographic image, but something we call the representation of the object and, once within our psychic apparatus, this representation is invested with libido and in some unknown way correlated with our sensorimotor system. We are then able to feel and act in relation to the object. The representation is not a primary and spontaneous result of our psychic activity, but takes time both phylo- and ontogenetically to develop. In the beginning the images of the outside world do not produce representations; they remain

images and are taken for the objects themselves. Thus the dream has equal weight with reality. As a recent German writer puts it, this status of the image signifies not a lack of discrimination but a 'de-realizing' of external phenomena which are regarded by the primitive man simply as appearances that seek to report something to the individual, while the individual actually fills the world with his own images.<sup>4</sup> This is the animistic stage of primitive people and of children. The libidinous charges are concentrated not on the images of things but on the fantasies generated by them. This is the quintessence of psychological reality which ideally conceived is totally dereistic and animistic.

If we now try to conceive an equally ideal realistic state, one in which the psychic apparatus is guided only by the reality principle, we shall have to construct an individual who is never disturbed by any fantasy and who sees things only as they allegedly are and does not elaborate upon them. Such an individual, whose total energies are directed towards things, or their representatives, will actually have no desires, no feelings, no sense of contradiction. In his eyes the outer world will continue to function in its own way and he will have no impulse to alter it. Such a hypothetical man, devoid of the discomforts coming from the id and the inconveniences imposed by the superego, is no individual at all. One may conceive of his existence only as an abstraction without meaning.

Human beings function somewhere between these two absolute states of animism and realism. Naturally, there are infinite gradations between them, imperceptible transitions, mixtures of one with the other in a great variety of proportions. Nietzsche sensed this in his concept that any distinction between reality and appearance is purely arbitrary and destroys the unity of mental life. 'His emphasis therefore was upon mental attitudes and experiences as primary events, while sensory reactions were of secondary importance, since in each situation psychic

<sup>4</sup> Lipps, H.: *Die Wirklichkeit bei den Naturvölkern*. Fortschr. Deutch. Wiss., XV, 1939, pp. 353-354. Cf. Psychological Abstracts, XIV, No. 3, March, 1940, p. 152.

unity prevailed in the man-environment relationship.' <sup>5</sup> Psychic unity cannot be defined in any absolute terms. It is probably that state of the psychic apparatus which we call 'healthy' and which Freud referred to as a certain combination of loss of and substitution for reality.

This psychic harmony is subject to a variety of disturbances which are not strictly pathological. The child who begins to enjoy playing with toys is an illustration in point. It takes toy after toy with apparent realistic interest. It plays with the toy a while, then discards or breaks it. Broken or unbroken, the plaything is abandoned without regret and the child turns its attention to something else. This phase of childhood development is a definitive one and lasts for a considerable period, probably until the termination of the latency period. Its outstanding characteristic is the alternation of apparently intense interest in the object and complete indifference to it. Because the child displays great keenness of observation and a sense of detail during this period, one at first gains the impression that it is now fully attached to reality and then back in its semi-animistic state. Closer inspection reveals a different psychological picture. 'It would be incorrect to think that he [the child] does not take this world seriously; on the contrary, he takes his play very seriously and expends a great deal of emotion on it. The opposite of play is not serious occupation but—reality. Notwithstanding the large affective cathexis of his play-world, the child distinguishes it perfectly from reality [I would say its play is different from reality. It is questionable whether the child really distinguishes reality so perfectly. G. Z.]; only he likes to borrow the objects and circumstances that he imagines from the tangible and visible things of the real world.' <sup>6</sup> The child seems to strive not for mastery and control over reality but for a kind of temporary self-assertion over the object and

<sup>5</sup> Wagner, K.: *Über die Grundlagen der psychologischen Forschung Friedrich Nietzsches*. Ztschr. Psych., CXLVI, 1939. Cf. Psychological Abstracts, XIV, No. 4, April, 1940, p. 174.

<sup>6</sup> Freud: *The Relation of the Poet to Day-dreaming*. 1908. Coll. Papers, IV, p. 174.

appears to have no other goal than to enjoy the grasping. It is easy to discern a hungerlike need to 'take it all in' and a certain distractibility which are similar in psychological tone to hypomanic states and the other typical attitudes of oral incorporation. One is tempted to say that in this period the child constantly takes bites out of reality; it is tasting rather than testing. It does not synthesize and correlate realities well until later when the anal cathexes of the latency period become integrated with the ego and the superego. Before this integration takes place the individual functions not on the level of reality but on that of the concrete. If I may be permitted, I should like to say that the child is concretistic, not realistic.

The same attitude comes clearly to light in schizophrenics who seem to see and observe certain things quite well but somehow do not endow their relationship to the object with any affective tone. They drop it as easily as they pick it up. The nonpsychotic, schizoid person also lives under the domination of the concretistic attitude, which at times is very deceiving. Recently Helene Deutsch mistook it for a truly realistic attitude and considered it typical of Americans. The patients she cited appeared to be schizoid personalities and incipient schizophrenics, characters by no means confined to this side of the Atlantic. The lack of affective tone in such cases is easily understood in the light of the fact that oral incorporative reactions are closely associated with the animistic phase. Under these conditions there exists no true object representation that one holds and invests with libido; there is only an image of the concrete, not of the real. The sense of the concrete is orally destructive, whereas the sense of the real is retentive and constructive. Any destructive drive which cannot be mastered because of outside circumstances or inner disability reduces the contact with reality and leads to the reassertion of the animistic reactions, impoverishment of the ego and sometimes a nihilistic attitude toward the world or one's own self.

The sense of somatic unreality in certain profound depressions and schizophrenias, depersonalizations, ecstatic states of conversion, or other mystical experiences come to mind to



illustrate this psychological condition. I once observed the phenomenon *in statu nascendi*, where the process revealed itself with utmost clarity.

The patient, a man in his early thirties, appeared dull and depressed, blocked and retarded. He kept his eyes closed and, when presented at a staff meeting, he hardly responded to any of the questions put to him. At one point he seemed to be aroused from his semimutism. He opened his eyes and, looking away from the people in the room, his gaze fixed as if on a very distant object, he said that he did not know exactly what was happening, that things appeared close at first, then moved farther and farther away. His eyes became half shut as if trying to focus on a vaguely perceived and remote object. He was silent for a moment, then went on to say that things disappeared. His eyes filled with tears but his face remained masklike. At this point he said that he could hear a voice coming from the distance. He slumped into the state and posture which he had displayed throughout his stay in the hospital. He made no attempt to dry his tears.

The patient's representation of his parting with reality in terms of space is in itself not unusual; it is rather a universal propensity of human psychology. The striking features are the precision with which the patient described the transition to the loss of reality and the attempt to retrieve it by means of turning in the direction of an animistic condition which appeared in the form of a hallucinatory projection. On the borderline of this transition, one could observe the loss of affect, or rather the schizophrenic modification of it. The tears appeared just as he was psychologically losing his last hold on the object but at the moment it was gone from him his eyes closed, as if he did not need to try to look any longer. His tears were left to run down his cheeks as if he were no longer aware of them, for they or the feeling they expressed belonged no more to his world.

This schizophrenic episode illustrates but the extreme form of a process which is constantly operative under a variety of nonclinical circumstances. We know that the loss of reality

is accompanied, if not caused by a considerable reduction of ego functioning which is always intertwined with strong aggressive impulses. In Chekhov's play, *Three Sisters*, the old army doctor, Chebutikin, is a kindly, somewhat gruff, garrulous and sentimental old man; he drinks. We find him at the basin washing his hands. The wine clouds his mind a bit and leads him into the following somewhat surly soliloquy:

'The devil take it all . . . smash them all. . . . Here I am thinking that I am a doctor and that I can treat folks for all sorts of afflictions—yet I don't know a thing about medicine. I have forgotten everything I ever knew. I don't remember a thing . . . not a thing. . . . Damn it. . . . Last Wednesday I was called in to see a sick woman. Well, she died and—it is my fault that she died. Yes, sir. Some twenty years ago, I must have known a little, but I don't remember anything. I am not even a man but merely make believe that I am one, just make believe that I have hands and feet and a head too! Mayhap, I don't exist at all but it only seems to me that I walk, eat, sleep. (He weeps.) Oh, if only I would not exist. Damn it. The other day I was in the club; they talked about Shakespeare and Voltaire. I never read those fellows—but I made a face, as if I did. The others too did exactly the same thing as I did. Dirty—plain low and dirty—and that woman whom I killed last Wednesday came to my mind—everything came back to me and I felt low and dirty and went and got drunk.'

The old doctor dries his hands and goes out into the adjoining living room. Paying little attention to those present, he picks up an old porcelain clock, a family heirloom, and begins to examine it with utmost care. Suddenly it slips from his hands and falls to the floor. There is general consternation. The doctor takes a good look at what has just been a good clock and proclaims with humble solemnity, 'Busted to pieces', as if this were the logical outcome of his righteous and self-humiliatory disgust. And natural outcome it was. The aggressive impulses aroused by the death of his patient and the consequent sense of guilt were turned on himself and produced

an intense conflict. For a moment he had quasi-suicidal fantasies which led him to a denial of his own existence, but this solution his sufficiently strong ego would not permit. His aggression was again everted to the outer world. Displacement of the aggression to the porcelain clock is but a neat attempt to drag the world into perdition, even as a moment before he had tried to drag his own ego; at the same time it is probably an attempt on the part of the persisting ego to test its ability to master.

Drunk as the old doctor was, he represents a more or less normal reaction: he escaped the total loss of reality by managing to pick up and to master a substitutive part of it, thus restoring his wavering ego to a new sense of strength and reality. That the final stage in this brief drama presents a symptomatic act does not make it really pathological since it was a mere slip, an 'accident', rather than murder or suicide.

A so called normal reaction, however, need not necessarily run this course. The aggressive impulse may put the individual a step farther away or deeper down, and 'healthy' adjustment may be achieved by way of, for example, a simple religious fantasy which is the animistic level. It is 'healthy' even though it sacrifices a great deal of reality. A very nice instance of this type of adjustment is found in a scene from Dostoyevski's *Brothers Karamazov*. Dmitri is the quixotic and reckless, half-fallen nobleman, half-risen bourgeois. Tense and hectic, he sits in a carriage trying to engage the driver in conversation. The driver is one of those humble and gentle peasants of old Czarist Russia who carries the burden of life in a Christlike manner of nonresistance. He has borne oppression for so many generations that he represses even his awareness of protest. The official serf of the previous generation and the actual slave of the generation of the Karamazovs, he is not very communicative, but Dmitri continues to prod him and the driver finally speaks:

'You see, Sir, when the Son of God was crucified and died, He came down from the Cross and went straight to Hell, and He set free all sinners who had been suffering there for many

years. Hell began to groan, for it thought that this meant no more sinners would be sent there. And Jesus spoke: "Oh, Hell, don't groan. Thou shalt not remain empty; there will be sent to thee all sorts of noblemen, rulers, judges and rich folk and thou wilt stay filled even as thou hast been for ages, until the day when I come again." This is the truth, Sir; this was the word.'

The appealing simplicity of this belief in a hell that is alive, endowed with thought and voice, is characteristic substitutive reality in such a case of apparently relentless, although unconscious hatred. The 'healthy' submissiveness of the ego takes the form of serene humility, denying and repressing the very existence of the cheerless reality and the protest against the need to make<sup>a</sup> a living by driving reckless, rich drunkards from brothel to brothel. This submission could be reached only by creating a new religious reality which is achieved by means of a double identification. The philosophic driver identifies himself with the Christ, crucified and kind, and with the Hell which is going to torture the rulers, the noblemen, the judges and the rich—all those who are (unconsciously) held responsible for the stark fate of the peasants, the humble sinners released from Hell by Christ's own hand.

This normal adaptation by means of what Freud once called an 'illusion' is actually a substitutive reality. One is inclined to agree with René Laforgue when he said, 'I don't follow Freud when he calls religious belief an "illusion". It is only from a certain level of our ego development that religious belief appears to us an illusion, exactly in the same manner as some of our scientific beliefs of yesterday, and also of today.'<sup>7</sup>

It is obvious that in the so called normal states in which the sensorium is clear and the sense of gross reality is unimpaired, the ego, the central apparatus for realistic synthesis, possesses a sense of reality quite different from that which we seem to

<sup>7</sup> Laforgue, René: *Relativité de la Réalité; Réflexions sur les Limites de la Pensée et la Genèse du Besoin de Causalité*. Paris: Les Éditions Denoël, 1937, p. 64. (Trans. published by Nerv. and Ment. Disease Monographs, New York, 1940.)



assume. Our assumption, never clearly formulated but clearly pervading our attitudes and clinical writings, is that a true reality exists which, if we are to remain psychologically healthy, we ought to learn to perceive and to evaluate lucidly and factually. Our assumption does not seem to correspond to the true state of affairs. Each so called objective fact is actually a composite made up of the image of the object and a variable number of nihilistic and animistic qualities as well as direct projections of our fantasies into the image. In other words, when the image, a concrete, purely perceptive affair is incorporated orally, it becomes in the course of our ego development the prey of our anal-sadistic drives. It is engulfed as it were in a struggle which produces progressive combinations with these destructive drives, identifications, self-preservative reactions, projections and magic animation, all of which form a psychological alloy called object representation. The narcissistic or egotistic elements undergo a corresponding change which we call love. Our relationship to the object representation we call object love. The status of the representation and object love are constantly maintained through the eternal need for perceptive, concretistic reactions—that is, contact with and interest in the outside world.

The sense of reality is, therefore, not the static result of a certain psychological developmental process but is a fluid, changeable and, one is tempted to add, inconstant as well as inconsistent quality of the psychic apparatus, a quality that permits us to master and modify the concrete, to make it 'useful' to us. This usefulness depends upon the very inconstancy or the pliability of the sense of reality which guarantees its functional ability. It depends upon those instinctual elements which generate psychological reality and which become an integral part of every new object representation formed.

Perhaps the simplest example of this is our reaction to such an object as a picture. We never speak of a picture merely as a picture. We always speak of it or at least perceive it as 'beautiful', 'powerful', 'convincing', or 'weak', 'disturbing', 'indifferent', 'disgusting'. We always combine our awareness

of the picture, the image of it, with a number of animistic or sado-masochistic projections, and only in this combination does the picture become an object representation. Only then do we form a sense of reality.

#### IV

True scientific investigation, both theoretical and clinical, must consider the component of animistic projection of the object representation as a most potent element of uncertainty. It is highly subjective in its unconscious constellations and, coming as it does from the id, it carries a strong affective tone which adds to uncertainty. This feature of our sense of reality, although couched in different terms and approached from a different angle, led Laforgue to speak of the relativity of reality. The elements which make for this relativity have also another feature which we must bear in mind if we are to understand the functioning of the sense of reality at any given moment. In so far as our sciences are created by man, they cannot help but be colored by those psychological realities which are projected as animistic trends into the scientific constructions. Every time a body of knowledge is systematized, every time a scientific theory is formulated, the animistic projections are smuggled in and acquire the authority and weight of the scientific system itself. We are never able to rid ourselves of this body of animistic elements but, unless we recognize them and evaluate them accordingly, it will be impossible for us to discount the uncertainty and to increase our approximation to valid understanding of our observations. This is particularly true of mental sciences in which greater complications arise from the fact that the ego, which is the chief transmitter and regulator of knowledge, is called upon to perform a double task. It must investigate the animistic and projective factors which are the main sources of error; yet these very same elements present the foundation for the ego's existence and the guarantee for its functioning; they are the connective tissue supporting the nuclei of the ego.

It is incumbent upon every psychological investigator who

deals with the unconscious to understand the psychology of his own method. Unless he does so, scientific research is impossible or it becomes a mere displacement reaction as in every compulsion neurotic symptom. The work of research will then serve a biphasic purpose—a flight from the understanding of the animistic projective elements and at the same time a gratification derived from the vicarious manipulation of them. Sciences rise and fall through the centuries because of this characteristic, and one may say with Laforgue that 'despite appearances to the contrary the majority of intellectuals and scientists are still today more or less on the religious level of thought'.<sup>8</sup> I understand by 'religious' not the ceremonial elaborations of religion but its essential animistic content.

That the animistic drive is always present and is at times of intense power is revealed by the lives of certain scientists. They preoccupied themselves for most of their lives with concrete, seemingly 'realistic' subject matter, but in the course of years began to behave as if they never had learned much from their investigations. As the cohesion between the integral elements of their ego began to loosen (as a result of biological involution or a severe neurosis), they fell into the pit of a purely animistic world. Oliver Lodge turned from physics to commune with the dead. Charles Richet, a physiologist of great repute, spent his later years in the same preoccupation. Auguste Comte, the positivist and logician, became a mystic.

What is true of the individual scientist is true also of the various systems of thought which have dominated our sciences at various periods of history. Whenever animism with its projections claimed a part of the outer world, that part remained totally inaccessible to scientific investigation. The Egyptians are a case in point. Despite the relatively advanced state of their science they were unable to study the sun. Saussure in his excellent work on the Greek miracle called attention to the fact that 'In Egypt the sun was the chief divinity, Rha Amon and later Rha Aton. Like any father or father symbol, it was taboo, just as Jehovah was to the Jews. One recalls in this

<sup>8</sup> *Ibid.*, p. 87.

connection the commandment, "Thou shalt not create any image of thy God". Consequently, the Egyptian calendar was calculated not in relation to the sun but to the star of first magnitude, Sirius.<sup>9</sup> There is an interesting and potent inference in this phenomenon: any magico-religious animism or its philosophic equivalent diminishes our curiosity, stunts the drive to master the world through learning what it is, reduces the passive sense of reality, which is the ability to perceive, and thus inhibits or dissolves the dynamic force of our sense of reality. This may explain the romantic fascination as well as the scientific sterility of Platonism or philosophic idealism in general.

It is worth pondering over this subject for a while. The idealist is basically an animist; he knows of no other reality than the ideas of things. His ego, like any 'primitive ego, puts itself in the center of the universe and believes itself to be able by its actions to set into motion all events of life, those which are desired as well as those which are feared'.<sup>10</sup> In other words, Platonisms or idealism make man's reasoned will the alpha and omega of the system of the universe. The outer world, not the one populated with his animistic projections, presents little interest for him. He is more concerned with how to make men behave and live within the sphere of his projections. Consequently Plato's chief preoccupation was not science but political sociology. Man, the center of the world, feels most central and most magically potent within the sphere of public activity; it gives him the strongest illusion of omnipotence. Platonism is essentially a religious system couched in political terms. Its reality is a purely individual, private reality which Plato tried to translate into terms of sociological constructions. One might express surprise that despite the preëminently religious nature of Platonism, it not only proved unacceptable to Christianity, the most powerful religious system of our civilization, but it was actually rejected and is still being combatted with utmost violence. From the standpoint of consistent monotheism, Plato

<sup>9</sup> *Ibid.*, p. 61.

<sup>10</sup> *Ibid.*, p. 94.



is totally unacceptable not because of his animistic ideology but because, having placed man in the center of the universe which was his Republic, Plato made peace with his homosexuality. He extolled its manifest sensual form and brought it down straight to earth in its socialized cultural form. He wanted the fathers, the wise, good and omniscient fathers, to rule his Republic and the sons to follow in simple, serene obedience, not in fear but in a blessed state of welcome passivity. In making the idea of the State and supreme reason his sublime authorities, Plato forgot God. Again citing Laforgue, one should not overlook that the prerequisite, the quintessence of established religious belief, is the surrender of one's omnipotence to the Godhead, the Father. 'It is only God who is omnipotent, but man gains or loses his right to protection from God depending on whether his behavior is good or bad.'<sup>11</sup>

Modern monotheism leaves to us the outer world, permits us to deal with it at will, grants us a moderate degree of the sense of reality—provided we give up our aggression and preserve our passivity. The primitive anthropocentric drive, never fully given up by any individual, finds itself best accommodated and least thwarted in the atmosphere of established monotheism. These circumstances may involve no sacrifice to the adult sense of reality, because religion is taught from childhood and the individual does not rise fully to that synthesis of ego formation which develops a sense of reality. On the other hand, if a sacrifice is offered, the individual is fully repaid by the libidinous gratifications tendered on the magic, narcissistic level. In either case, however, a certain balance of forces is established within the ego, a sense of harmony which in itself serves as a very restrictive force both on the libidinal development and on the sense of reality. In this orientation uncertainty in psychological investigation assumes considerable dimensions and the development of mental sciences becomes inevitably impeded. In some respects it even stops and our knowledge becomes static. This has been the status of mental sciences wherever

<sup>11</sup> *Ibid.*, p. 94.

and whenever the Thomistic edition of Aristotelianism has prevailed. Even in the Protestant world the mere deviation from formal dogma and the establishment of heresy have not removed the impedimenta of animism. The whole history of the controversy between the somatologists and the psychologists demonstrates this point conclusively. The somatologist left his animistic world undiscussed and untouched, while the proponent of the naïve psychogenesis of mental diseases merely claimed more territory for his animism and continued to reduce mental sickness to sin.

The struggle for and against the assertion of one's animism is universally one of the most decisive factors in the development of human thought and man's knowledge of himself. It is a force always present in our work and, therefore, our culture, and it can be recognized in every walk of human endeavor. We submit to it either under cultural pressure or under the pressure from within. Darwin first omitted to mention the Creator in his *Origin of Species* and was severely criticized. Huxley urged him not to pay any heed to the attacks but Darwin admitted the Creator to his second edition. The important fact is not whether Darwin was convinced that his was a serious omission, or whether he merely decided to make an insincere bow to bigotry. The point is that Darwin did not have sufficient courage. Perhaps Huxley would have lacked it too had he been the author of the *Origin of Species*. This lack of courage in Darwin, as in Galileo, cannot be disposed of with the reprobatory epithet, 'cowardly'. It is but a sign that somewhere both Galileo and Darwin had a lingering feeling that the 'world' was or might be right.

Wagner, as Nietzsche reminds us in a tone of morose sarcasm, started with enthusiastic hopes to write as his first opera a hymn of rebellion and hedonistic freedom. It was to be called *Luther's Wedding*. He never wrote it. He ended his work with the pious purity and mystic humility of *Parsifal*.

It is difficult for man to learn to get along in life without a father. In fact, it is not possible for him fully to achieve this independence. 'In the measure that he is obliged to act with-

out a father and without absolute values, that is with a sense of relativity, he becomes perhaps reconciled to death, which we have not yet learned to face rationally by pressing it into our service.' <sup>12</sup>

The basic difficulties of our scientific approach to the world are the same as the difficulties encountered in the development of the sense of reality. These stumbling blocks are of particular and detrimental moment in the growth of mental sciences. If we reduce them to a simple dogmatic enumeration they are: (1) the constant pressure of our idealized hedonism which forces us to perceive man as the most unique phenomenon of nature; (2) the animistic trends which are endowed with sufficient dynamic initiative to keep the ego in check and always threaten to overrun it; and (3) the projections of both the anthropocentric and animistic fantasies into the outer world, thereby forcing the ego to perceive these projections as if they were the outer world and not merely an integral, supportive component of that world.

The development of scientific attitudes tends to control the influence of those impedimenta, but at times these attitudes themselves fall victim to the forces they seem to combat. The sense of reality is again impaired by too great an admixture of psychological reality which weakens the useful value of the object representations. We can see in a more specific way how this process works in the field of psychology.

## V

Psychology has made a definite effort to find for itself a place, no matter how modest, among the natural sciences. For a time, before the discovery of psychoanalysis, it assumed the guise of a materialistic discipline and always wore the uniform of anatomy and physiology. That this was only a mask is obvious. By reducing psychological processes to structure and physiological function, psychology actually set aside the whole problem of psychic activity and left it where it had always been—

<sup>12</sup> *Ibid.*, p. 65.

in the domain of idealistic or animistic philosophy. The real incorporation of psychology into natural science was brought about by psychoanalysis. This fact is true whether the official representatives of natural sciences fail to recognize it or summarily reject it. Under the influence of Darwin, and perhaps even more under that of Lamarck, a theory of evolution of the psychic apparatus was evolved. Man was removed as it were from his anthropocentric animistic throne, or at least the throne was given a very disrespectful, revolutionary jolt. 'By putting concrete problems concerning the development of human consciousness out of the elementary needs of organic life and up to its highest rational manifestations, modern naturalism claims to have actually and definitively incorporated man into nature. Reason itself, as manifested in science, is then only a continuation of the natural evolution of the animal world, the latest stage of adaptation of living beings to their environment; and all the forms of thinking on which idealism constructs its systems are products of the natural reality and, as instruments of adaptation, dependent both on their natural object-matter and on the natural organization of the living beings who use them.'<sup>13</sup> The claim that man in his totality belongs to nature evoked a double opposition. Confirmed idealism would not accept any such 'humiliation' of man. Opposition to the claims and scientific inferences of psychoanalysis can be easily understood in the light of the ego's inability or extreme reluctance to give up the sense of exclusiveness in relation to the world.

The motivations that led biological sciences to raise strict objections to psychoanalysis are less obvious. At first these objections seem to grow out of a candid wish to be strictly scientific and to avoid anything that appears to spoil by allegedly idealistic intrusions the realistic air in which science operates. Closer psychological inspection of the situation offers a somewhat different picture. It has been repeatedly emphasized that natural sciences were willing to accept man and to include

<sup>13</sup> Znaniecki, Florian: *Cultural Reality*. Chicago: The University of Chicago Press, 1919, pp. 3-4.



him within the realm of their endeavors only on the condition that the true operation of his psychic apparatus, with the exception of formal logic, be left to the speculative and affective fields, the idealistic philosophies, theology, metaphysics and that vague and chameleonic little idol called common sense. Science resisted and still resists the introduction of man in his totality as subject matter, not on scientific but on purely idealistic grounds. These idealistic grounds, as we have seen above, are the same anthropocentric, animistic ones that operate in other human attitudes. It would appear that philosophy and religion rejected psychoanalysis in the manner of a hysteric who, unable to accept certain libidinous claims, rejects them as foolish and bad fantasies which have to be repressed. The scientist completed the same process of rejection in the manner of the compulsive neurotic who isolates a given number of libidinous claims and treats them as foreign to his own self-conscious, voluntary, free activities.<sup>14</sup>

Whatever our formal claims for understanding and working with and on reality, the sense of reality is always marred by the ego's own fears of giving up not its realistic but its libidinous, animistic propensities. We cannot overlook this fact in the development of our own scientific peregrinations and vacillations in the field of psychoanalysis. That is to say, there is no reason why we should not expect ourselves to be involved in the same struggle and frequently in the same confusion as to a clear appreciation of reality and as to the limits of our ability to develop any degree of such appreciation. Involved we are indeed, even more than we realize and much more than the disciples of other sciences. For psychoanalysis the question which has become the cardinal problem of our work happens to concern our relationship with the outside world and the working of the apparatus within us which deals with this relationship. In many if not all productive sciences

<sup>14</sup> I am indebted to Dr. David M. Levy, who in discussion of this paper called my attention to the work of James K. Leuba. The statistical conclusions of Dr. Leuba regarding religious beliefs among various scientific groups seem to corroborate the point of view arrived at here through purely psychological analysis.

this question is not even raised; no other discipline depends so much upon a sober approach to the problem and no other discipline is so much in danger of serious breakdown if it does not effect an adequate approximation to a solution. We ought to appreciate fully the importance of this point. The fact that psychoanalysis may fail of solution and end in scientific dissolution is in itself not important because no science will survive if it fails to do what it is supposed to do. Though we may still use the word 'lunatic', astrology, so prevalent for centuries, has disappeared from the community of scientific systems and no one regrets or feels its absence. Of greater danger is the anxiety of those who, identified with a given science, try to save it by artificial means. The danger becomes more serious if these means prove to be dogmatic and consist of all the unconvincing but very stubborn methods of conceptual manipulation which never prove anything and never save anyone. For conceptual manipulations, particularly in a problem concerned with reality, by their very nature deal with absolutes and not with empirical and pragmatic relativities and they are bound to become more scholastic than enlightening. We may speculate a great deal about ego structure, ego weakness and ego strength, visualize a variety of mathematical permutations even greater than the Newtonian binomial complexities, and yet come not one inch closer to a better understanding of the sense of reality. One need not pursue the argument at greater length. It suffices to recall that any conceptual thinking is dereistic and leaves little room for the productive elucidation of a problem. In recent years, psychoanalysis has begun to show here and there trends towards such conceptualization. These trends are not necessarily signs of the failure of psychoanalysis itself; they are indications of the difficulties of the problem and the strength of our own resistances when we begin to test reality.

I do not wish to suggest that psychoanalysis in its totality has become conceptual, but there is no doubt that the humorous remark of Freud in which he called metapsychology 'the witch' contains more than a grain of truth. Any attempt to preserve psychoanalysis on the sole foundation of metapsychology, which

is the tendency in many quarters, would lead inexorably into more animistic projections and to less enrichment of the reservoir of scientific object presentations. The scientific position of psychoanalysis was vouchsafed not so much by its conceptual richness as by its empirical naturalism. It is close kin to truly natural sciences, to biology in the broadest sense of the term.

Once the problem of the sense of reality is confronted and once the major problems of psychopathology have become questions of ego functioning and adjustment to reality, it is inevitable that social or cultural reality should become one of the most important fields of our investigation and the most fertile testing ground of ego adaptation. It is not necessary here either to emphasize the importance of cultural factors or to recite the history of their inclusion in the orbit of our observation and study. Cultural anthropology and psychological sociology of today owe their impetus and their findings to psychoanalysis. It is interesting in this connection to mention as an example the original opposition to Totem and Taboo. Kroeber recently returned to this contribution of Freud<sup>15</sup> and, twenty years after his original attack on the little book, admitted its importance. In the light of what was learned by anthropologists in the last decade, he accepts a number of Freud's assertions which he had originally rejected, but he is still reluctant to consider Freud's topography of the personality as valid—in other words, the naturalistic approach to the genesis of what we call personality still arouses considerable opposition. Herein lies the most important source of our difficulties. Cultural reality, like any other reality, is a product of our general development. The termites, the bees, the ants also live in a social unification and also actively maintain their communal unity with a great deal of tenacity; but they are not human and therefore they do not talk or write and tell what they have performed; and they do not claim any special and unique credit for their biosociological performance.

It is a very interesting coincidence, one of the many coinci-

<sup>15</sup> Kroeber, A. L.: *Totem and Taboo in Retrospect*. Amer. J. of Soc., XLV, No. 3, November, 1939, pp. 446-451.

dences in this history of thought, that culturalism began to assert itself as the source of the many answers to questions about the human mind almost simultaneously with the beginning of psychoanalytic studies of the ego. Like many other systems of thought it proved a double-edged sword. It cut into the solid darkness of many a problem but it also cut the psychological solidity of many an analyst.

Let me quote a characteristic passage or two from one of the best exponents of culturalism. 'History of culture', says Znaniecki, 'is the only field in which we can follow directly and empirically at least a part of the evolution of the human "mind" and the only theory of mind which can be directly based upon empirical data is therefore a theory which takes mind as a product of culture.'<sup>16</sup> 'If therefore modern thought intends to avoid the emptiness of idealism and the self-contradictions of naturalism, it must accept the culturalistic thesis. . . . It must maintain against naturalism that man as he is now is not a product of the evolution of nature, but that, on the contrary, nature as it is now is, in a large measure at least, the product of human culture, and if there is anything in it which preceded man, the way to find this leads through historical and social sciences, not through biology. . . .'<sup>17</sup>

While these lines were not written by a psychoanalyst, they express many a claim brought forth in the course of the history of psychoanalysis by some of those whose relation to analysis is indisputable. These claims are partly reminiscent of the old dictum: *Tempora mutantur et nos mutamur in illis*. But the fact that we change the times does not necessarily imply that we change because of the times. One reason is most frequently put forward as to why culture should be considered a phenomenon apart from the rest of the world and why it should be taken as a self-made, self-sustained and self-improving entity. This reason is very illuminating and of particular value for the topic under discussion. It is that culture is supposed to make man, and man is supposed to have made

<sup>16</sup> Znaniecki: *Op. cit.*, p. 15.

<sup>17</sup> *Ibid.*, pp. 21-22.



culture. Something extrabiological, extranatural, is founded and man is considered part and parcel of his own creation. He is placed over nature, outside of his purely biological, purely natural status. We recognize in this cleavage from biology not so much an unscientific denial of biological forces, but a forceful assertion of the independence of the human psychic apparatus from everything except the creations of man himself. Theoretically such a premise would suggest a restitution of the animistic, idealistic world at the sacrifice of a good part of realistic orientation. The validity of this inference is subject to denial and its implications to rejection in the same manner and with the same intolerance as the somatologist rejects any suspicion that deep underneath he really has a purely animistic view of the psychic apparatus. Fortunately, it is not necessary to test this attitude by means of purely formalistic logic. The fact is that the culturalist definitely deals with such purely idealistic data or goals as cultural progress, ultimate achievements and justice. He cannot help but be a reformer. As soon as pure culturalism is espoused, one hears of ultimate truth not so much about man as for the sake of man, and one 'should not forget that for a number of people today truth has more the character of religious faith than that of scientific evidence'.<sup>18</sup> In addition to these idealistic components which are of general nature, we find the tendency to lift man to exalted heights. As Karen Horney aptly puts it, 'when the "ego" is no longer regarded as an organ merely executing or checking instinctual drives, such human faculties as will power, judgment, decisions are reinstated in their dignity'.<sup>19</sup>

There is yet another trend which enables us to test exclusivistic culturalism for the presence of animistic projection and anthropocentric idealism. This is the denial of the totality of the biological forces which are responsible for the formation of the psychic apparatus, the denial of the theory of instincts

<sup>18</sup> LaFargue: *Op. cit.*, p. 64.

<sup>19</sup> Horney, Karen: *New Ways in Psychoanalysis*. New York: W. W. Norton, & Co., Inc., 1939, pp. 10-11.

as well as the rhythmic, spontaneous repetitiveness of psychological reactions. In other words, culturalism in psychology seems to be derived from the same reactions as those other systems of thought which are unable to arrive at a true synthesis of the magic animistic components of the ego with the images of the concrete outside world. Having arrived at a point at which we are confronted with the fundamental problem of the sense of reality, it is psychologically inevitable that there be a convergence of all the lifelong conflicts with regard to how much absorption of the concrete the ego may permit at the expense of its own dependence on the magic projections.

This problem cannot be easily solved. It may never be solved. When psychoanalysis had to face the task of acknowledging the existence of the unconscious, it met the same difficulties. It seemed impossible for the omnipotent ego to recognize the existence of something that deprived it of a large part of its potency. However, when the ego learned that the unconscious could be reduced to a secondary position, where it could be recognized, understood, mastered, the ego began to show a willingness to let that unconscious be. The same is true of our aggressive impulses and anxieties. The ego finally learned to accept them only because it was convinced at length that it could dominate them, observe and hold in check these intruders into the harmony of life. When the problem of reality arises, the ego seems to be truly at a loss. The overwhelming magnitude of the macrocosm is so frightening that the ego has to fall back on the only resting place that once gave it comfort and a sense of well-being—on the genetically oldest and the strongest stage of animism from which and from the elaborated projections of which sprang that complexity called culture.

To surrender this support for the illusory hope of discovering its component parts is difficult for the human ego; it may never surrender it in sufficient measure and degree. The sense of reality is therefore bound to remain shifty, uncertain and in an eternal state of that unstable equilibrium which vacillates between knowledge and revelation and which at one and the same time produces health and generates disease.

# PSYCHODYNAMISMS IN ANOREXIA NERVOSA AND NEUROTIC VOMITING

BY JULES H. MASSERMAN (CHICAGO)

In these days of poignant insecurity, reactive aggressiveness, intense ambivalence towards authority and other manifestations of direct pregenital determinants in social behavior, it is significant from a psychosomatic viewpoint that functional disorders of the gastro-intestinal tract appear with great frequency and have become the subject of intensive medical and psychoanalytic interest and research. Recent studies at the Chicago Institute of Psychoanalysis (8) have demonstrated the relationship of gastric and colonic dysfunctions to neurotic attitudes of excessive passivity or reactive hostility, especially in insecure, dependent individuals who feel themselves frustrated and threatened in their familial or social milieu. With specific regard to gastric dysfunctions, Brosin, Palmer and Slight have recently summarized the psychiatric literature dealing with the highly interesting syndrome of anorexia nervosa. These authors, in their conclusion that no 'single psychiatric entity adequately describes all members of the group', confirmed the necessity of a psychodynamic rather than a purely phenomenological investigation of such organ neuroses. In the case about to be presented in which a medical diagnosis of anorexia nervosa had been made, psychoanalysis revealed with relative clarity the relationships of unconscious genital and especially pregenital psychodynamisms to certain character traits and also specifically to gastric and other dysfunctions. The case is believed to be of general interest and therefore to merit a special report.

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Condensed from a thesis read before the Chicago Psychoanalytic Society, April 26, 1940.

### *Case Report*

The patient, a thirty-five-year-old, unmarried girl with a diminutive, boyish appearance and a diffident, overingratiating manner, stated that she came for psychoanalysis primarily because she had been troubled for the preceding five years by nausea or actual vomiting whenever she attempted to dine in the presence of a man and, more recently, even when she merely thought of such a situation. The patient with some difficulty had been able to continue her work as a stenographer, but to circumvent her symptoms she had found it necessary during the last four years to avoid the company of men altogether, to forego almost all cultural and recreational pursuits and to live in self-imposed isolation with her widowed mother as her only close companion. The patient also complained of recurrent 'chills', headaches and attacks of diarrhoea but regarded these and other symptoms as of relatively minor importance. Nevertheless, in view of the failure of past medical treatment, her many harrassing personality limitations and the deepening discouragement in regard to her occupational, marital and social prospects, she had decided to try analysis as a last therapeutic measure.

The youngest of three sisters, the patient was born into a middle class family in an eastern European city. When she was two years old her father departed for America. She was left in the care of her doting mother, a forceful, independent, ambitious, but emotionally unstable individual, who apparently at first indulged her youngest daughter greatly, as the patient recalled that the first few years of her life in Europe had been exceedingly happy. However, she soon learned that the family was really being supported by a paternal uncle, from whom she was taught to expect—and sometimes even to beg—not only her little luxuries but also the very clothes and food she required.

It is significant that only two unpleasant memories persisted from this period: in both instances *elderly men had offered her food* and then attempted to approach her sexually, and on both occasions she had been *too frightened to tell her mother*.



When the patient was five years old the family left Europe and rejoined the father in America. On the initiative of her ambitious mother, the patient was then placed on a regime of training that, it was hoped, would make her a famous violin virtuoso. She took readily to this plan, practised arduously and began to delight in exhibiting herself in many little recitals arranged by her mother. Up to about the age of her menarche she took pride in helping with the housework and seemed especially interested in the preparation of food for the family. She was frankly ashamed of her father who had never acquired what she considered an adequate American culture and whose work as a tailor, she regarded as a handicap to her anticipated social position as a musical prodigy. However, when at about fourteen the mediocrity of her talent became apparent even to her mother, the intensive musical training was discontinued. At this time the patient became consciously aware that the mother had shifted her favor to the eldest sister who had on her own merits achieved greater social and occupational success. She reacted to the withdrawal of her mother's support by becoming outwardly more aggressive to her mother and sisters and for a time even taking the father's part in the many domestic quarrels. During this period, significantly, she began to prefer boyish clothes, adopted various athletic pursuits and became a disciplinary problem at school, which she left at the age of fifteen. She then secured a series of positions which she held with fair success until the time of her analysis, although beneath a façade of independence and self-sufficiency she continued to be shy and hypersensitive, highly limited in her social contacts and interests and almost exclusively immersed in the minutiae of the household and family relationships.

In tracing through the origins of her somatic symptoms during the initial anamnestic interviews, the patient recollected that her first attack of nausea had occurred at the age of twelve when a boy whom she admired had offered her a piece of cake at a party. After this episode, eating in the presence of men often induced vague abdominal discomfort or mild nausea and diarrhoea—reactions which became definitely worse after the

death of her father when she was eighteen. In relation to such memories, however, she emphatically denied that she had acquired any sexual knowledge or had experienced even a single erotic fantasy until her menarche at sixteen, at which time her mother 'explained' sexual intercourse to her in a depreciatory manner and stringently warned her against the 'animal intents' and seductive activities of men.

The patient's symptoms took their present form at the age of twenty-five under the following circumstances. During her first prolonged separation from her mother, she was visiting the summer home of her middle sister and was there introduced to her first prospective suitor. At first she disliked the man but then began to feel a guilty erotic attraction towards him. One evening, after dinner with him during which the patient felt peculiarly tense and uncomfortable, she permitted some sexual play, but when he began to caress her breasts, she began to experience unusually severe nausea and abdominal discomfort. She immediately informed the man that she never wished to see him again and the next day, in compliance with a sudden compelling desire, she returned to her mother's home. She remained relatively symptom free for a period, but only by the device of avoiding almost all heterosexual contacts. At the age of thirty she 'fell in love' with the son of her employer but found herself able to accept his attentions only through the strict observance of certain conditions: sex play had to be non-stimulating, her breasts could not be touched and, most imperative of all, the man *was not permitted to mention food or drink in her presence*, let alone invite her to indulge in them; otherwise she would develop severe nausea and sometimes vomit.

Such ritualistic defenses sufficed for several months, but later became much more elaborate. She soon found it necessary to forbid her fiancé even to telephone her while she was having a meal at home lest severe nausea, emesis or diarrhoea ensue. Vomiting became frequent despite all precautions, a persistent anorexia set in and her symptoms became so severe that in a few months she lost thirty-two pounds without, however, corresponding loss of strength or energy. Her family naturally

regarded her condition as of serious physical import, urged her to quit her job and finally induced her to enter a well-known diagnostic clinic. Thorough physical, laboratory and roentgenological examinations showed completely normal findings, a diagnosis of 'anorexia nervosa' was made and the patient was discharged by the internist with the admonition to lead a 'more active and normal life'.

Significantly, the patient informed her mother that the doctor had obviously meant to specify heterosexual indulgence, but that she would virtuously refuse to follow any such recommendation no matter what the penalty in ill health might be. The whimsical result of these protestations was that her mother took the patient's misinterpretation at its face value, disregarded her professed scruples and insisted that the patient begin having sexual intercourse with her fiancé immediately, on pain of being disowned by the family; in fact the mother actively arranged the details of moving the patient into an apartment for the greater convenience of the couple. During the seven months that the liaison lasted the patient's symptoms improved somewhat and she regained considerable weight, although she remained sexually inhibited, was excessively dependent upon and demanding of her lover, and found it difficult to eat in his presence. Moreover, when he finally deserted her to marry another girl who possessed the added attractions of greater emotional maturity and considerable wealth, the patient's anorexia, vomiting and diarrhoea promptly reappeared and once again became severe and disabling. Pleading her lack of control of these symptoms, the patient then gave up all further attempts at sexual or other emancipation and returned to live with her mother. For a time she seemed comparatively content, but since her social isolation and various disabilities eventually became burdensome both to herself and her family, she yielded finally to their repeated urgings and applied for analysis.

Physical, laboratory and x-ray examinations preceding the analysis again revealed essentially normal findings. The patient's intelligence quotient on the second Stanford Revision

of the Binet-Simon scale was 134. It is of interest that her responses to the Fantasy Test (43) given for the purpose of a preliminary psychodynamic survey, accurately anticipated the essential determinants of some of the patient's main unconscious reactions as later revealed in the analysis. Thus, in association to a stimulus picture of a monstrous eerie dragon issuing from a cave in a mystic canyon, she produced a very unusual fantasy in which she identified herself with this threatening phallic symbol, yet anxiously represented it (herself by projection) as a depreciated, helpless, oral incorporative creature (a caterpillar) which, after a brief contact with the dangers and anxieties of the outside world, gladly regresses to the security of the mother's womb:

'Here's a little caterpillar that wanted to seek his fortune and he left his nice, cozy, warm, little home for the great, big world. (I don't know what else to say. Wait till I embellish this a little.) Somehow or other he was beset by dangers wherever he went, rocky paths to cross, dangerous enemies to pass, no food in sight and so he finally stopped and pondered: "This great, big world I was trying to find doesn't seem to be remarkable after all. Maybe I should have thought twice instead of giving up that nice, comfortable, cozy, little place I left and maybe it wouldn't be too late to turn back now." And so dear children, even though you don't see him returning, that's what he did and he's content to stay where he is, the big outside world no longer having any fascination for him.'

### *Course of the Analysis*

The patient's initial transference was one of a self-conscious, puerile flirtatiousness in which significant oral components and naïve regressive fantasies were early expressed. Typical associations in the first three hours were the following:

'This . . . is like a first date, because I get the same sort of sick [nauseated] feeling. . . . Mother certainly has a queer daughter. . . . Once when I was four years old and sick she brought me a doll. . . . I'm not so sure of things when I'm



out with a man. . . . I won't keep this up if it makes me feel nauseated. . . . Why did even thinking of B [patient's lover] make me sick to my stomach? . . . I hope I'll be able to come tomorrow.'

True to these indications and despite simple, reassuring interpretations that she might be tempted again to react with vomiting as an escape from uneasiness over erotic or hostile feelings mobilized in the analytic situation, the patient spent the week-end after her tenth analytic hour vomiting almost continuously and insisting to her family that this proved the analysis to be not only useless but probably actually harmful. However, the patient's mother, apparently again sensing the patient's intense unconscious guilt and her need for explicit maternal solution, strongly urged resumption of the treatment. The patient therefore returned and for some twenty hours thereafter defended herself against her highly ambivalent genital and oral transference by picturing the analyst as a haughty, cold, unapproachable individual, or an unprincipled seducer sure to be thwarted by her strong moral resistance, or else—even more damningly—as an unsympathetic confidante who did not give her adequate support and solace. Closely connected with early oral fantasies was a series of dreams which indicated, with the naïveté of initial analytic material, the patient's desire that the analyst present her with a male organ with which to please and win her mother. In fact, the only defense she summoned was to regard the oral incorporation of the phallus—which she fancied her mother wanted her to have—as unpleasant and *nauseating*.

*Dream:* 'I reached for a hat, . . . It went over a partition, but a man gave it back to me. I wore it and brought my mother and sister some cookies which I hoped would please them. Then mother gave me a frankfurter and I ate it, but I said it tasted terrible, like pork.'

*Associations:* (Hat) Men's hats. A new hat makes me feel self-confident. (Man) You. I came back to the analysis to please mother. (Frankfurter) My mother and sister always joke about their being penises; I like to eat them, but this

morning the thought made me sick. (Pork) I don't let myself eat it, but *mother* always fed us well.

As may be expected, she did not at this time develop further these early indications of deep oral conflicts, but instead erected a categorical defense to the effect that she was not really a weak, dependent child who must please her mother in order to secure food and protection, but was instead an able, self-sufficient and even potent individual who, incidentally, needed no analysis. However, when she ventured the ultimate bravado of dreaming that her father and mother were dead, and that she was a famous violin virtuoso with the rest of the world at her feet, her reactive guilt was so great that she recollected a firm resolution of childhood to *swallow poison* if ever she were bereaved of her parents. Aggressive material also appeared in more frankly anal forms of attack:

'I want to be very destructive—tear things up and throw them out the window. . . . Your couch cover is filthy. . . . I hate all teachers. . . . Once in high school class I let wind from my rectum and it made a terrible noise. I was so embarrassed I quit school and never went back—I decided to study music instead.'

In further masochistic reaction against hostile urges directed mainly towards the analyst as a father figure, the patient brought the following dream:

'A man sang love songs in German to a woman who was with him on a balcony. I said I understood German too, so he came down and beat me.'

*Associations:* Dad used to sing love songs to mother. Germans are terribly cruel—they kill people. (Balcony) Our home bedroom.

These and other associations indicated that the dream expressed competitive identification with the mother but that in reaction the primal scene was conceived so sadistically that the patient's gratification was far outweighed by an overwhelming fear of female genitality. Analysis of this fantasy also led

to a franker expression of reactive castrative impulses towards father figures (as expressed in increasingly critical remarks about her boss, the analyst, and other men) accompanied, as usual, by a retreat in fantasy to the welcoming safety of the mother. This was typified a few days later in another dream:

'Men lay in hospital cots all bandaged up like with mumps. . . . I dreamed of my Dad, who's dead. . . . Then there was an avalanche and I was in danger, but finally I was at home with my mother all cozy and warm.'

*Associations:* (Hospital cots) My father died there. (Mumps) Makes men sterile. (Avalanche) Danger. (Cozy with mother) Warm, clean house on Friday night and the wonderful meal mother used to feed us.

In connection with other covert avowals of aggressions against the father and retreat to the mother the patient remembered a fantasy which had recurred frequently between the ages of about eight and sixteen: she was not her father's daughter and he had found her in her mother's garden. However, when the origin of such fantasies of virgin birth in early rejections of her father was explored, she defended herself for a period against recollecting predominantly oral hostilities towards him by maintaining that in her girlhood it had actually been her 'happy task' to bring him his meals, especially (sic) during the frequent parental quarrels.

Positive oedipus memories also appeared, but with so little guilt as to make it obvious that these recollections of genital attractions towards the father were really defenses against great hostility towards him. For instance, as early as the first month of her analysis the patient brought a (screen?) memory that one day, at about the age of ten, she had actually encouraged her mother to leave home after a quarrel, and that night had 'innocently' entered her father's bed 'to make up for mother'—although this, she hastily added, had only made his grief all the greater. Nevertheless, as the reasons for her actual renunciation of men and the regressive flight to the mother were further analyzed, the patient was led to face her jealousies of the father not only on a superficial genital, but also on more

significant pregenital levels. The characteristic features of the patient's oral conflict then appeared more clearly: whereas she could admit her ostensibly erotic temptations towards her father or his surrogates with little difficulty (she dreamed frankly of marrying her cousin, 'which would be as bad as marrying my father'), she nevertheless wished to renounce her oral aggressive wishes to incorporate her father as a mother substitute and at the same time eliminate him as an envied, thwarting rival. Consecutive fragments of her defensive associations at this stage are self-explanatory:

'I fear marriage because I can't cook like my sisters and it wouldn't be right to let my husband feed *me*. . . . Often when I sat down to a meal, if the phone rang for a date I wouldn't be able to eat any more. I remember my father urged me to eat on fast days, but I just couldn't because I'd get nauseated. When B [former lover] kissed me after a meal I vomited all that night. . . . Once when I was fourteen mother went away and Dad cooked my meal . . . I also vomited all that night too. . . . I also avoid marriage because my teeth bleed at night and that would be embarrassing. [An indication that assumption of an adult feminine rôle would necessitate masochistic self-punishment for oral biting aggressions and would also symbolize self-castration.]

Yet more directly symbolic of her oral guilt, the patient cancelled several hours *to get treatment for a 'painful mouth and throat'* although no organic basis for these paresthesias was ever found by a competent oral surgeon. From a psychosomatic standpoint it was also interesting that periods of reactive aggression towards the analyst, conceived as a rejecting parent figure, were characteristically accompanied by urges to vomit, defæcate or urinate during the hour, whereas genital urges (which were less guilt-charged and which the patient characterized lightly as 'hot ideas') were reacted to only by minor bodily 'chills' and subjective tremors. In this connection she clearly recalled that she had habitually slept with her mother until she came to America, that she had then greatly resented the fact that her father joined her mother in bed, that she had insisted on con-



tinuing to share this bed until she was eight years old, and that even at that age she had energetically resisted being sent to sleep with her sister because at that time she 'wanted to keep on being warm and cozy with Mother and Dad'. Moreover, the substrate of this material in deep oral attachments to her mother and jealousies against the *first* father imago in her life, her uncle, soon appeared in other associations:

'My uncle in W—, where I lived until I was four, didn't like me and was mean to me because I took up mother's time—but mother said I should be nice to him because he was the breadgiver; once she even refused to feed me until he could bring us more food. . . . I think my boss should leave me this money, because Dad never provided enough for us.'

At this time the material also began to deal with the specific nature of her incorporative desires toward men; namely, to acquire their penises as a symbol of the masculinity desired by her mother and thereby eliminate them as competitors and displace them homosexually in her mother's affections. Such desires were soon indicated with increasing clarity in a multitude of dreams and associations. For instance, in the 78th hour the patient reported the dream:

'I aroused my sister R. sexually and didn't know whether to be glad or contemptuous.'

In this dream the sister was definitely associated with the mother and the patient granted herself the power (phallus) to arouse a mother figure sexually, yet wished to depreciate that same power because of the accompanying guilt over its acquisition.<sup>1</sup> Early (screen?) memories also came to the fore:

'In W— when I was in a hospital a nurse passed by with a tray of buns that I wanted. I then asked the doctor to get me one and he promised, but instead he stuck a needle in my stomach and it hurt.'

<sup>1</sup> The corollary or obverse interpretation of this bisexual dream, namely, that the patient reversed the sexual rôles and depreciated femininity, is equally characteristic of the patient's neurosis.

Similarly, the object she desired to incorporate from her father appeared in the next dream, in which, after a reiteration of her anxious rejection of the female rôle and a denial that she had ever been robbed of a fantasied penis, she allayed her anxiety by self-reassurance that she knew how to handle masculine appurtenances even though she did not openly despoil their envied owners—the analyst with the pencil and the little boy with the spear:

'A man who was with my father wanted to sleep with me, but I refused because people were looking. Then I thought a burglar had gone through my clothes and taken something, but found he hadn't. I then helped my nephew to select a tie that I liked and saw a Buddha with a pencil attached that I wanted. Then I was showing a little boy how to hold a spear and be a knight!'

While this material was being worked through the patient showed considerable clinical improvement: she no longer spent nearly all her free time with her family; she permitted herself a greater number of social and recreational outlets in mixed company and she even dined out alone on one occasion with an elderly male acquaintance. To test her newly found freedom (and also apparently in a more or less conscious effort to please the analyst to whom she had a concurrently strong maternal transference) she even ventured at this meal to eat strawberries despite her conviction, born of invariable experience, that she would break out in hives if she did so. To her surprise, however (as well as to my own when she reported it), she felt no nausea at the meal and suffered no ill effects afterward.

But much still remained to be analyzed. For one thing, the patient unconsciously continued to reject femininity in favor of deeply guarded fantasies that despite her own guilt-charged rejection of the fantasy of the oral acquisition of the phallus, she had somehow actually acquired a penis which was of value in cementing her exclusive solidarity with her mother and which therefore had to be cherished and defended from all

threats of castration. An amusing instance of this, related to many dreams and fantasies in which burglars had unsuccessfully attempted to search and rob her clothes or her room, was the following: one day, the patient playfully began to count the cylindrical buttons on her dress to the accompaniment of the familiar childhood chant of 'Doctor, lawyer, merchant, chief'. Suddenly she stopped in manifest consternation: the word 'thief' had come out on the button over her genitals! During this period she also professed great concern that her breasts 'were so very small', whereas her nose 'was so very large'—both ideas having the import of a denial of matronly or feminine qualities.<sup>2</sup> In the same significant connection, she frequently added that her mother had always admired her 'boyish figure'. In this period also she became interested in various girl friends whom she suspected of being homosexual, was jealous that R. ('the most mannish' of her sisters) was living with her mother and stated wishfully that the latter was 'disappointed because I can't get a raise and take care of her myself'. However, a beginning resolution of both her homosexual and heterosexual oral conflicts, arising from a partially relenting internalized maternal superego, appeared in her 168th hour in the dream:

'Mother offered me a sausage, and I again spit it out saying "I don't eat pork!" Then my mother said I could have men if I liked.'<sup>3</sup>

*Associations:* (Sausage) penis. (Have men) You buying me a meal.

<sup>2</sup> These preoccupations with her bodily form at times approached the intensity of a 'dominant idea' [Benedek (14)] that not only must she abjure adult feminine activities but she also must not look like a woman. While this idea was never stated explicitly, the analytic material indicated that an ego-syntonic obsession of this nature may have contributed to the overdetermination of her vomiting and diarrhoea, in as much as these symptoms tended to keep her thin, sallow and heterosexually unattractive and thereby protected her from situations in which her oral aggressions and reactive fear of men would be mobilized.

<sup>3</sup> Material relevant to this dream indicated that at a deeper level the patient also desired to castrate her thwarting, aggressive, phallic mother, and therefore dreamed of the latter's forgiveness and indulgence.

After this initial working through of guilt over phallic incorporative fantasies, the patient could for the first time pleasurable visualize the analyst buying her food; moreover, in the next hour the defenses were sufficiently penetrated to permit the patient to have the sudden fantasy of *eating the analyst's penis*—a desire which, of course, had not been interpreted in specific terms previously. Similarly, feelings of nausea in subsequent hours were often associated with explicit ideas of having eaten and then vomited the analyst's or some other man's penis. In this connection the patient also mobilized material relative to her rejection of femininity and the fantasied identification with men in order to displace the father in the mother's favor. For instance, the patient remembered that whereas she had had no compunctions about entering the bathroom while her father was naked (as though she also were a man), she 'had always been ashamed' to expose her breasts or pubic region to her mother 'because I always felt there was something wrong with my shape'; likewise, menstruation always made her feel 'hurt' or deficient (castrated) in some way. Similar material led to the formulation of the patient's castration anxiety on the basis of a feared retaliation for the aggressive oral incorporation of the father's penis—an act which must therefore be partially expiated in compulsive vomiting. For instance, the patient felt *very nauseated* and almost vomited on reading that Ethiopian slave boys were castrated and that *savages ate testicles to become more masculine*. An even more direct reference to the oral method of incorporating the phallus was revealed in a dream to the effect that her cousin's penis was filled with peas (as though it were edible) and that then her own vagina began growing them—to which she associated that once, after eating pea soup prepared by her father she had become nauseated and had vomited severely. At this point the patient was finally able to formulate an explicit and basic fantasy previously deeply hidden:

Any man to me is really more like food. . . . I feel like a cannibal when I eat with one. . . . I get nauseated and vomit. . . . The same thing happens when I see babies feed-



ing at the breast. . . . I never could stand that sight; I can't even yet.

From this and similar material the patient then formulated another previously inexpressible fantasy arising from fear of retaliation for her oral aggressions toward men: if she permitted herself to be 'feminine' and had sexual relations with a man, *somehow she would be physically hurt* by him. This masochistic concept she then elaborated by assertions that her mother 'had suffered and lost her health [sic] through sexual intercourse'; by specific phobias of menstrual blood, dentists, operations, etc., by an anxious play on the analyst's name as meaning 'knife-man' and by a peculiarly displaced obsession that 'If I parted my hair in the middle [i.e., exposed my vagina for intercourse] I would become bald (castrated)'. During this period the patient also felt compelled to urinate forcefully both before and after each hour, as though this characteristically aggressive and boyish activity had a definitely reassuring value for her.<sup>4</sup> Moreover, for the first time she could remember what she had really been acutely aware of throughout early childhood, namely, that both her mother and father had been greatly disappointed that the patient, their last child, had not been born a boy. Her conciliatory longing for her father and her jealous oral castrative reactions toward him were then simultaneously expressed in a 'duplex' dream:

1. 'A man had a dog I wanted to pet.'

2. 'I had a little dog that I cherished, and I protected him from a bigger dog. A negro couple were going to bed and I felt alone. A man came along and I avoided him. But my mother and sister petted the bigger dog and I was mad.'

*Associations:* (Dog) Penis. (Pet the dog) I would like to own a big dog. (Big dog) It threatened my dog. (Negro couple) My father and mother have crinkly hair (depreciated parents). (Mother and sister played with bigger dog) I felt jealous and wanted to chase him away but I was afraid.

<sup>4</sup> Cf. Alexander (7), Gerard (30), and Van der Heide (54) on the symbolism of urination as a penis fantasy in girls.

In response to the appropriate interpretations of such dreams and their related material, the patient then produced a wealth of deeper fantasies relative to her wish to acquire the penis by oral incorporation. For instance, an anxious dream about herself as 'a little boy becoming a little girl' (refeminized by the analysis) was followed by a reassuring one in which the patient concealed her genitals in a public bath, and was then *willingly fed by a man with 'almonds'* (association: 'nuts, testicles') and '*chocolate*' ('*faeces—penis—bad taste in my mouth like before I vomit*'). Likewise, her desire to use the orally acquired penis to seduce her idealized mother away from the father was epitomized in a dream of limpid clarity:

'Ginger Rogers and Tyrone Power were making love, and I was in the way. There was some danger, but I went to a room in my mother's house and got some chocolate and nuts [rebirth as a male?]. I gave these to Ginger Rogers, and she was pleased. She paid no more attention to Tyrone Power and he disappeared.'

To this dream the patient again associated that when she had slept in her parents' bed she had felt particularly displaced and jealous *when her father fondled her mother's breasts* (oral jealousy). Chocolate was again associated to faeces and penis (depreciated phallus) and 'nuts' frankly represented testicles. Moreover, not long thereafter the partial renunciation of this same desire to incorporate a phallus even to please her mother was indicated in the third and final dream of the 'frankfurter' series:

'My mother once again gave me a cut-up frankfurter that looked good to eat, but this time my father was there and I gave it to him because I felt it belonged to him.'

Concurrently, the anal components of her aggressive and incorporative fantasies about her father also appeared more openly: for instance, the patient played with the phrase 'eliminating father' and reported that whereas she now no longer vomited, thoughts of sexual intercourse still occasionally induced diarrhoea. To this she associated a childhood concept that intercourse was performed per rectum, in connection with

persistent fantasies that her faeces at the same time eliminated and substituted for an anally incorporated penis—an organ which, in specific relation to her father's phallus, was always conceived as 'dirty' and 'soiling'. Strong feelings of disgust with all mucous and 'slimy' things were also specifically associated with a revulsion to obsessive thoughts of fellatio and with a fantasy the patient had had of swallowing semen during possible oral contacts with the father's penis while she was sleeping in the parental bed.

With the self-punitive, 'undoing' and possibly restorative aspects of the patient's vomiting and diarrhoea thus disclosed, the analysis could then also attack the overdeterminations and positive cathexes of these symptoms. These were, in brief, the function of the vomiting and diarrhoea as disguised expression of oral and anal aggressions, the significance of these symptoms as reactions to coprophilic impulses, the masochistic gratification and various secondary gains (sympathy, indulgence, protection, etc.) the patient derived from them, and finally, their unconscious use in frustrating the analyst while the patient acted out fantasies of infantile narcissistic omnipotence in the tolerant and receptive analytic situation. At present (300th hour) her analysis is not as yet complete, but the following clinical improvements seem well established: the patient is for the first time of her own volition living apart from her family and is successfully pursuing extrafamilial friendships and interests. The vomiting has ceased, the diarrhoea is infrequent and mild, and the other minor symptoms have disappeared. The patient now experiences little or no difficulty in eating with men, is experiencing satisfactory sexual relationships, and is cultivating suitors with a view to eventual marriage and the establishment of a home.

### *Formulation*

In fairness to this and other psychoanalytic 'formulations' it may be conceded at the outset that no simple running account of the emotional development of any individual can give really adequate consideration to the multiplex interplay and chang-

ing vector balance of the psychic forces operative even in childhood, let alone their multitudinous adjustments to the realities of later life. In the present case, nevertheless, the analysis seemed to justify a fairly specific reconstruction of the nature and development of at least the main libidinal trends and typical ego defenses, not only because these appeared with relative clarity in the analytic material, but also because the patient was permitted by circumstances to act out many of her childhood neurotic patterns in her daily life until the time of her analysis. The psychodynamic origins of her outstanding personality deviations and neurotic symptoms may therefore be reconstructed as follows.

The patient's primary oral attachment to her mother, represented in the formula 'to be loved is to be fed' and by the *Ursymbol* of sole possession of the maternal breast, was early intensified and fixated as her main libidinal drive by a number of intercurrent factors: her puny, delicate physique, the indulgences by her mother as the youngest child, her jealous rivalry with her elder sisters, the early departure of her father from the family, and the subsequent insecurity and poverty of her childhood. This passive overdependence on the mother, however, was threatened when she learned that the providing member of her immediate circle was really a paternal uncle who fed and clothed the entire family. Obviously, this posed what may be termed the patient's first major problem: how to divide her allegiance between this intrusive man and her mother without incurring the latter's jealousy and prejudicing her primary desire for the transcendent security of the suckling. The child's problem was further aggravated by the fact that the uncle obviously resented her presence in the mother's home. To the first three years of the patient's life, then, belong the pregenital screen memories of running to her mother with feelings of guilt when men tempted her by offering her food and the fantasy of summoning 'a nurse carrying buns' (breasts) in preference to a 'doctor who might hurt her'. To the latter part of this period, moreover, may belong the patient's earliest wishes actually to acquire a penis and thus, by becoming the



little boy her mother expressly desired, to secure for herself the latter's exclusive support and protection. However, these early conflicts gave rise to relatively little anxiety, in as much as the patient appears to have left Europe at the age of five in a fairly secure oral receptive relationship with her mother. Unfortunately, when the family rejoined the father in America her position was more gravely threatened, which led to a series of emotional reactions and countercathexes that determined the patient's subsequent character neurosis and furnished the basic psychodynamisms of her symptomatology. Thus, the patient's continuous desire for oral dependence on her mother, coupled with her need to remain physically close to the latter even in the parental bed, made the patient for a number of years an actual witness of the primal scene, the most harrowing and 'disgusting' detail of which she characteristically remembers as her father's fondling of the mother's breast. On the other hand, the patient's misunderstood persistence as an obtrusive third party in the marital relationship apparently also aroused the mother's suspicion and jealousy, with the result that the mother reacted not only by showing preference for the patient's eldest sister (the most 'masculine' of the daughters) but also by punishing the patient in a number of highly traumatic ways—including a reiteration of her disappointment that the patient had not been born a boy. In this manner, the mother in turn became for a time no longer a protective and all-providing figure, but an unreliable, rejecting, fickle person who, until she was won back, would not provide complete security. Concurrently, the patient's anxieties were accentuated by the emerging genital components of her œdipus impulses which, strengthened but at the same time rendered extremely guilt-charged by her nightly physical contacts with the father in the presence of the mother, themselves increased her guilt and fear and therefore pressed for adequate ego defenses. The urgent problem faced by the patient at this juncture was then: how resolve this now complex and highly conflictful emotional situation and escape the dangers that seemed to threaten on every side?

The patient's initial attempt at solving her dilemma seems

to have been simply to shunt the energy of her genital desires back to the *oral* sphere, transfer her dependent attachment from the temporarily unreliable mother to her kindlier father, and substitute in her typically passive receptive fashion the desire to feed from him (possibly, in an early misconception of anatomical equivalence, from his discharging penis) in lieu of the withdrawn maternal breast that had now been preëmpted by the father. In accordance with the lag in her libidinal development and the persistence of strong oral urges, this relationship at first constituted what might be termed an emotionally anachronistic 'oral œdipus'—namely, the emergence for a period of predominantly oral receptive desires directed to the father with concomitant fear of retribution by the mother who at the same time—because of the patient's need of such a fantasy—was wishfully conceived to be jealous of the loss of the patient's dependent devotion (cf. her self-reassuring statements of her mother's indulgence when she resisted other oral temptation). Nevertheless, the positive genital œdipus fantasies, continually stimulated as they were, could not long remain completely repressed, so that she began to wish more or less consciously to be not only the parental suckling, but also to displace her mother as the father's mistress. (This genital œdipal phase is related to the transient fantasies, predominantly prepubertal, of displacing the mother in the father's bed.)

This, however, was likewise an untenable situation, since the patient, still passive and insecure and now conceiving herself helplessly adrift from her accustomed receptive relationship to her mother, found no really safe refuge in the father, whom she soon perceived to be as vacillating and as subservient to the mother as she herself was. There remained then only one alternative for the patient's weak, anxiety-ridden ego: a repression of the hostile part of her ambivalence and a final strategic retreat to an oral passive relationship to the only strong personality in the family, the mother, who must therefore again be won at all costs. But now certain modifications even in this libidinal relationship were necessary in as much as the patient's oral desires, in response to repeated frustration, had

changed vectorially from a merely passive receptivity to an actively attacking incorporation, as expressed in the unconscious fantasy that *if her mother no longer willingly gives her the breast or the father his phallus, she must aggressively take them for herself*. Moreover, the second portion of this fantasy—the symbolic desire for her father's penis—was now overdetermined by her wish to displace the father in an exclusive homosexual relationship with her mother, a relationship designed to supplement and strengthen the primary oral dependent one. It was in this manner, then, that her main conflicts assumed their final form, since primitive cannibalistic fantasies such as the oral incorporation of breast and penis were so charged with guilt that not only repression but nearly every other ego defense from denial to sublimation needed to be summoned to assure the indirect discharge of their cathected energy. She therefore began to be governed both alloplastically and autoplastically by a number of interrelated emotional syllogisms which, as stated, were reflected not only in her symptoms but also in her distinctive character traits and reality maladjustments up to the time of her analysis. Some of these syllogisms, for the sake of simplicity of presentation, may be formulated separately as follows:

- I *Regression*. Since all levels of libidinal satisfaction above that of primal oral attachment to the mother appeared to be beset by dangers and anxieties, the patient renounced nearly all her ambitiously aggressive and genital strivings and devoted her life to resuming and making secure the only comparatively safe relationship she had ever known—a passive infantile dependence on the mother.
- a *Genital renunciation*. She surrendered her transient oedipal wish to preempt the father from the mother. In fact, she foreswore all outward semblance of genital or other possessive desires for all men and indulged in such relationships only if and when they were not only permitted but demanded by the mother. At all other times, the patient by unconscious compulsion made herself in both appearance and behavior actually unattractive to men.

b *Pregenital mechanisms.*

1 *Anal-sadistic depreciation and masochism.* The patient obsessively conceived of all genitality as obscene (forbidden) or dirty (aggressive and depreciated). In this sense she regarded everything her father touched as contaminated, as shown in many compulsions and fantasies, particularly in relation to his discharging penis. In the same manner she conceived the fantasy of sexual intercourse as a frightening anal attack, and equated the phallus with a column of fæces which she could then not only herself possess, but also eliminate aggressively by diarrhoea whenever threatened with the passive rôle in heterosexuality. Beneath these concepts, however, was an important element of masochistic gratification in her vomiting and other symptoms and in the few traumatic genital contacts that, with the mother's express consent, she had permitted herself.

2 *Defense of secondary narcissism.* In deference to the mother's expressed desires, the patient made a pretense of apparent emancipation from her, but only in ways that served really to cement their relationships. For instance, she studied music and played it showily as the mother desired, yet never sufficiently well to become independently proficient. Similarly, she held a job and made just sufficient money to help support the mother—but never enough to justify living apart from her.

II '*Penis wish*'. Still other defenses against anxiety were necessary since the mother once undeniably had discarded the patient in favor of the father's phallus and thus had severely traumatized the patient's narcissism. To emasculate and displace the father and at the same time regain the mother she therefore erected and cherished a fantasy that she also had a penis, acquired by oral incorporation from the father. Moreover, to preserve this fantasy that she had masculine attributes, she had to conceal her femininity. She therefore professed pride in the smallness



of her breasts and the 'boyish figure' she hoped her mother admired, yet she always avoided letting the latter see her naked and penisless. She played tomboy until her menarche which was delayed until sixteen, and even in her adolescence walked into her father's bath as though on equal terms with him. Later, she raged against menstruation and feared dentists, operations, and all other castrative threats however indirect their connotation.

III *Organ neuroses: vomiting and diarrhoea.* Finally, only through adequate self-punishment and specific restitution could she allay the obsessive guilt over desires that had led to the fantasy of the oral (and anal) incorporation of the penis.

a *Talion fear.* Because she hated the father for displacing her with the mother and then in turn thwarting her both orally and genitally, and because she therefore also wished to castrate him, she became fearful of physical retribution by all men and manifested this fear by chills, palpitation, and various neuromuscular disturbances in their presence.

b *Fantasy of oral rejection and restitution.* More specifically in relation to the main determinant of the vomiting, if she dared actually to take food in the presence of a man and thus repeated the symbolic act of oral castration of the father, she immediately experienced disgust and eliminated the phallus (more deeply, the breast—cf. nausea at the sight of infants feeding) by vomiting and diarrhoea. This she did not only in masochistic gratification and to deny deep cannibalistic desires but also to restore what once in fantasy she had actually wished to incorporate.

Such then were the main vortices of emotional conflict in the patient's character and organ neuroses. Unfortunately, the defects of the formulations are readily apparent: they are necessarily short and oversimplified; they assume a specificity of libidinal expressions and ego defenses not completely substantiated by the abbreviated account of the analysis; they artificially telescope into 'crucial' episodes of the patient's life emotional

actions and reactions that were probably worked through over long periods, and finally, they represent under separate rubrics various economically indissoluble intrapsychic mechanisms that really bore to each other a constantly varying relationship in determining the patient's internal and external adjustments. Only two considerations extenuate these difficulties: first, that the 'emotional logic' of the unconscious is in reality relatively direct and elemental; second, that even in the description of complex intrapsychic reactions the limitations of language unfortunately demand that only one topic be dealt with at any one time. It is hoped that despite these limitations the nature and derivations of the patient's main psychosomatic characteristics have been indicated.

### *Discussion*

From the medical standpoint, the question naturally arises: was the diagnosis of anorexia nervosa 'correctly' made in this patient? The answer obviously depends on how rigidly delimited this syndrome is considered to be.<sup>6</sup> At the time of her admission to the medical clinic five years before analysis the severe anorexia, marked weight loss, cachexia with characteristically unimpaired energy and activity, intractable vomiting after food intake and absence of any positive indication of organic disease were almost pathognomonic of the syndrome of anorexia nervosa as originally described by Gull, although it must be remembered that other less determinative criteria, such as loss of hair and amenorrhoea, were not present. However, with particular respect to the menstrual function, it could easily be conceived that had the patient's rejection of this aspect of femininity and her castration fears been even greater than they were at the time, her menstruation, instead of becoming merely scanty and painful, might have been suppressed as completely as it had been previous to the age of sixteen. Finally, her partial symptomatic recovery after her hospitalization does not invalidate the diagnosis, since 'anorexia

<sup>6</sup> The author has elsewhere discussed the general nonspecificity of medical-psychiatric 'diagnoses' (42, 43).

nervosa' is often a phasic disorder<sup>6</sup> and, as has been noted, the unconsciously reassuring psychotherapy she received from her physician and her mother, combined with the special environmental arrangements made for her (removal from the home, expressly permitted heterosexual outlets, etc.) temporarily relieved some of her pressing emotional conflicts. It should nevertheless be made clear that the psychoanalytic findings in this patient are not necessarily applicable to every case of 'anorexia nervosa', since the term has a broad medical, rather than a specific psychosomatic connotation (*cf.* Brosin, Palmer and Slight (18) and Alexander (11).

### *Review and Discussion of the Literature*<sup>7</sup>

As early as 1892, Freud, in a paper with Breuer, mentioned 'chronic vomiting and anorexia carried to the point of refusal of food' as being of psychic origin, and stated that 'a painful affect, which was originally excited while eating but was suppressed, produces nausea and vomiting, and this continues for months as hysterical vomiting . . . [which] accompanies a feeling of moral disgust'. Freud, in his *Interpretation of Dreams* (1900) also speaks of a patient who had chronic vomiting both in fulfilment of and self-punishment for a fantasy of being continually pregnant by many men. The possible roots of oral conflicts are then further traced in *Three Contributions to the Theory of Sexuality* (1905), as follows:

'One of the first . . . pregenital sexual organizations is the oral, or, if one will, the cannibalistic. Here the sexual activity

<sup>6</sup> Wilbur and Washburn (55) in a two-year follow-up study of ninety-seven patients with functional vomiting studied at the Mayo Clinic, reported 'cure' or improvement in over 70%. For other clinical reports illustrating the wide variety of formulations and methods of therapy, *cf.* Fischer (48), Middleton (46), Hill (32), Morgan (47), Hurst (33), Kiefer (38), Stengel (53), Smith (52), Wilbur (55), and Berkman (15). The clinical psychiatric aspects of severe vomiting have been especially well reviewed by Meyer (45).

<sup>7</sup> An excellent review<sup>8</sup> of the literature and of the present psychoanalytic concepts of the gastro-intestinal neuroses, seen in manuscript by the author after the present article was prepared, is the chapter on *The Gastro-Intestinal Neuroses*, by F. Alexander in S. Portis' *Diseases of the Digestive System*. Philadelphia: Lea & Febiger, 1941.

is not yet separated from the taking of nourishment,<sup>8</sup> and the contrasts within it are not yet differentiated. The object of the one activity is also that of the other; the sexual aim then consists in the incorporation of the object into one's own body, the proto-type of identification, which later plays such an important psychic rôle.'

In 1911, Ernest Jones developed another thesis with regard to neurotic vomiting, namely, that the symptom expressed a rejection of an incorporated penis, conceived as an incestuous pregnancy. In effect, Jones (37) agreed with Melanie Klein that little girls 'enjoy taking the penis into the body . . . to make a child from it'. Similarly, Ferenczi attributed the vomiting of hyperemesis gravidarum to an attempt on the part of the patient simultaneously 'to deny the genital localization' of the pregnancy and to give up 'the phantasied "stomach-child"'. In another place [26, p. 326] Ferenczi also recognized that vomiting may be a reaction to coprophagic fantasies, as expressed in my case by the expulsive oral rejection of the dirty, distasteful penis.<sup>9</sup> While similar associations in my

<sup>8</sup> In this connection, Stürke speaks of the withdrawal of the mother's breast as the 'primal castration'.

<sup>9</sup> In such fantasies the equation mother = penis is often also depreciatingly and aggressively expanded to penis = faeces [cf. Abraham (4), p. 485 *et seq.*] so that primary oral incorporative fantasies are reacted to with nausea, disgust and vomiting.

The primitive psychosomatic reaction of removing dangerous (incorporated) substances through diarrhoea and vomiting has been called by Rado the 'riddance principle' and is described by him (49) as follows: 'Control of pain is directed toward eliminating the source of suffering, if necessary even by the sacrifice of a part of one's own body. Such conduct reveals a principle ingrained in the organization of all animals, including man. In the phylogenetic scale of increasing differentiation and complexity of organization there gradually become apparent many reflexes designed to eliminate pain-causing agents from the surface or inside of the body. The scratch reflex, the shedding of tears, sneezing, coughing, spitting, vomiting, colic bowel movement are but a few well-known instances of this principle of pain control in our bodily organization. This principle I have called the "riddance principle" and its physiological embodiments the "riddance reflexes".'

Following the experimental demonstration by Cannon of the intimate inter-relationships of emotional states and gastric motility, it has been demonstrated clinically that gastric peristalsis increases during hunger (22) and either ceases



patient might have been traced to deeply repressed fantasies of impregnation by the father's incorporated phallus, it must be stated that further material explicitly relevant to this complex did not appear in the analysis.

Abraham, in his study of *The Development of the Libido* (5) dealt with the unconscious desires of the melancholic patient for the oral incorporation of the lost and ambivalently loved object and stated that the refusal of food in depressive states could be traced to the corresponding cannibalistic guilt. That this mechanism was operative in my patient was indicated by her prolonged refusal of food and frequent vomiting during the several months of depression after the death of her father. It is significant, however, that mere anorexia was apparently insufficient to expiate the guilt attached to her previous aggressive incorporative fantasies towards the lost father, so that vomiting as a symbolic restitution was also economically necessary.

More directly germane to the present study is a series of papers published in 1934 on *The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances* by various members of the Chicago Psychoanalytic Institute (8). In his introductory section to this symposium, Alexander pointed out that in patients with gastric neurosis characteristic attitudes of 'parasitic receptiveness' are thwarted by internal or external circumstances and therefore become colored by oral aggressivity and strong narcissistic protests over feelings of inferiority. As a result, unconsciously weak, orally dependent patients adopt a defensive façade of great personal self-sufficiency, an exaggerated attitude of helpfulness toward others and a superficial optimism<sup>10</sup> that they in turn will always be provided for—traits characteristic of my patient. In the same symposium,

or is reversed during strong emotions and especially in disgust (50, 51). However, as Alexander states in his *Medical Value of Psychoanalysis*: 'Even psychogenic vomiting itself may not always express anything psychological, for example, disgust, although conditions in the stomach which led to vomiting may have been called forth by psychological factors'. For a brief review of the psychosomatic aspects of vomiting, cf. Dunbar (25), pp. 311-315.

<sup>10</sup> Cf. Abraham (4).

Catherine Bacon described a woman with a gastric neurosis who was a frequent witness of the primal scene in her childhood, had intense rivalry with a sister, marked ambivalence to her thwarting mother and strong early heterosexual inhibitions. Bacon's analysand resembled mine in other ways: she associated genital sexuality with eating and 'when her oral desires were thwarted by external frustration, she went into a rage the content of which was a desire to attack the penis of the thwarting object and incorporate it'.

A corresponding case of a forty-one-year-old woman who suffered from a recurrent duodenal ulcer was reported by George Wilson,<sup>11</sup> who found that his patient had a 'retaliation fear because of the castration wish. . . . The oral dependent attitude toward the mother was transferred to a wish to incorporate the penis orally . . . due not only to resentment and fear but also to the wish to own something, the possession of which pleased the mother. . . . She wanted to possess a penis with which she can please the mother as the father does and in consequence continue to receive from her.'<sup>12</sup> One other comparison is noteworthy: in both patients, pregenital conflicts were manifested mainly in gastro-intestinal dysfunctions, whereas genital ones were expressed symbolically in the neuromuscular system. To illustrate: Wilson's patient, while working through the reawakened guilt over incestuous relations with her brother, suffered from various muscular pains and disturbances of locomotion; whereas my patient reacted to heterosexual fantasies with characteristic paresthesias (vaginal

<sup>11</sup> That corresponding unconscious mechanisms (compulsive disgorgements and restitution of gastric contents) are operative in male patients with gastric neuroses is indicated by the analyses of patients reported by Harry Levey and by Maurice Levine (8). In Levine's patient the relationship of vomiting and diarrhoea to the neurotic character structure is especially well demonstrated.

<sup>12</sup> Felix Deutsch (24) attributes the rejection of food in two cases of 'anorexia nervosa' that he analyzed to early concern on the part of the mother as to the patient's food intake and 'stabilization of phantasies around the gastro-intestinal tract' after 'maternal rejection'. While, as Deutsch contends, this would lead to the 'choice' of the gastro-intestinal tract to express the patient's neurosis, the psychodynamism described does not seem sufficiently clear to be regarded as *pathognomonic* of anorexia nervosa.

itching; pilomotor 'chills', etc.) and sensations of generalized muscular tremors.

The various psychogenic roots of the patient's diarrhoea have not been treated as fully in this discussion as have those of the dysgeusia, nausea and vomiting, not only because the latter were more significant in her case from the standpoint of psychosomatic investigation but also because the subject of colonic dysfunctions has already received extensive theoretical consideration in the psychoanalytic literature, particularly by Abraham (2, 3), Jones (36) and by the members of the Chicago Institute (8). More specifically from a clinical standpoint, Alexander (8) cites the case of a female patient in whom 'the diarrhoea, apart from the meaning of restitution, had also the narcissistic significance of masculine activity and expressed the masculine strivings of the patient'. Similarly, Wilson (8) found that in women with colitic diarrhoea the symptoms signified a rejection of femininity, in that the female rôle was conceived to be either parasitically oral-receptive or else too aggressively castrative in significance. Freud (28) postulates that on a deeper level the diarrhoea may also represent the anal elimination of an incestuous pregnancy. However, it may be well to point out that in my patient the diarrhoea which developed in reaction to fantasied or actual threats of heterosexuality had the significance not only of a conciliatory gift to the mother and a guilty elimination or restitution of the penis per anum as well as per os, but at other times also represented a jealous and sadistic attack on the analyst or other parent imago for fantasied thwarting in the oral or genital spheres (2). A corresponding explanation for the patient's urinary urgency as symbolic of masculine aggressivity may be found in Freud's *Interpretation of Dreams* (p. 512). From an economic standpoint, therefore, the patient's various symptoms—vomiting, diarrhoea and urinary urgency—served as channels for an autoplasmic discharge through the eliminative functions of various guilt-charged aggressive or erotic impulses which the patient, because of fear and guilt, was inhibited from expressing in alloplastic social behavior.

### Summary

The analysis of a patient with character difficulties, neurotic vomiting and diarrhoea and the syndrome of anorexia nervosa is outlined. The organic dysfunctions are shown to be somatic manifestations of a highly complex personality disorder arising from severe early emotional conflicts, especially in the oral sphere. The most important specific psychodynamism of the vomiting appears to be a symbolic rejection and restitution of the father's phallus, orally incorporated in an attempt to render exclusive her basic passive dependence on the mother; however, the symptom also expresses an aggressive attack on the thwarting parents, masochistic expiation and other psychic overdeterminants. These and other psychosomatic reactions are considered in relation to the present psychoanalytic concepts of the various gastro-intestinal neuroses.

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# A PSYCHOANALYTIC STUDY OF A CASE OF EUNUCHOIDISM

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As a result of a study of the psychiatric and endocrine aspects of eunuchoidism carried out in collaboration with Dr. Allan T. Kenyon<sup>1</sup>, I was led to make a further investigation of the psychosomatic relationships in this condition by the use of the psychoanalytic method.

Eunuchoidism is a syndrome characterized by hypoplasia of the testes and accessory genitalia, deficiency in secondary sex characters, delay in fusion of the epiphyses of the long bones and a tendency to elongation of the extremities. There is no particular impairment of health. Post-mortem histological studies have regularly revealed degenerative and hypoplastic findings in the gonads, but no characteristic changes in the other endocrine glands. Assays of the urine for androgenic and estrogenic materials have shown an excretion of about one-third of the normal amounts. Treatment by injections of testosterone propionate may produce remarkable physical changes similar to those which occur at puberty in the normal boy<sup>2</sup>. Claims that eunuchoids present a characteristic psychological picture are not substantiated by the available evidence which tends rather to support the conclusion that the sexual defect is the only thing that eunuchoids have in common and that otherwise they differ as other men do.<sup>3</sup> Although the

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<sup>1</sup> Carmichael, Hugh T., and Kenyon, Allan T.: *Eunuchoidism: A Psychiatric and Endocrine Study of Six Cases*. Arch. Neur. and Psychiat., XL, 1938, pp. 717-742.

<sup>2</sup> Kenyon, Allan T.: *Effect of Testosterone Propionate on the Secondary Sex Characters, Genitalia, Prostate and Body Weight in Eunuchoidism*. Endocrinology, XXIII, 1938, pp. 121-134.

<sup>3</sup> Carmichael, Hugh T. and Kenyon, Allan T.: *loc. cit.*

physical defect in sexual development is presumably congenital, it is almost impossible to make the diagnosis until the customary pubertal changes fail to appear.

Careful examination of these facts about eunuchoidism raises a number of important questions. What are the effects of the gonadal insufficiency on the psychosexual development and on the personality? Will any effects be apparent during childhood, or will they be manifested only after puberty? To what extent will successful treatment by endocrine products influence the behavior?

Since there is no definite evidence of gonadal insufficiency until the usual age for puberty is reached, it may be that there is little or no deficiency of testicular secretion in eunuchoids during childhood. If this is so, the eunuchoid may have sufficient libidinal drive to meet the problems of that period in an adequate fashion provided that he is subjected to no more than the ordinary hazards that beset all boys in childhood.

With the advent of puberty there are unmistakable indications that there is a failure of sexual development. There is, however, continuation of physical growth in other respects. It is easy to see how the failure of sexual development may constitute a severe emotional trauma to a boy. It is also clear that such a boy will not have the increased libidinal tension which is present in normal boys during adolescence. It seems permissible to assume that this may have a marked influence on the boy's behavior during the period when he should be going through adolescence and also on his personality during later life. At this point a further question arises. Will the boy continue to show the same basic reaction patterns that were laid down in his childhood or will he show an entirely new organization of behavior? With the production by treatment with endocrine extracts of changes of such a degree as to make him appear normal sexually, the eunuchoid is faced with the task of adjusting to a new set of circumstances. Will he then find himself able to carry out apparently normal sexual behavior? Is it not probable that the time between puberty and the age at which successful treatment is begun may play a



large part in determining how well he will handle the new problems confronting him?

It was with a view to answering some of these questions if possible that the present study was undertaken. With the coöperation of Dr. Kenyon I was able to find a eunuchoid patient who had some complaints of a neurotic nature and who was willing to be psychoanalyzed in the hope of obtaining relief from them. In this communication I shall present a report of the psychoanalytic findings, together with a discussion of the psychodynamic mechanisms involved; the rôle of the endocrine deficiency in producing the clinical picture will be considered, and the behavior of the patient after successful endocrine therapy will be examined.

When this patient began his analysis in September, 1937, he was thirty-one years old and was employed as a clerk in the accounting department of a fire insurance company. He was unmarried and lived with his mother and his six unmarried brothers and sisters. His chief complaint was his extreme sensitiveness over what he termed his 'youthful appearance' and his feeling that because of it he was set apart from others and greatly handicapped in getting ahead in the world. Injections of pregnancy urine extract (antuitrin-S) given under the supervision of Dr. Kenyon in 1936 had produced in him the changes usually seen at puberty in the normal boy. The changes were of sufficient degree to make it difficult to distinguish in him any physical difference from the normal man. He began to have an apparent sexual interest in women, and on his thirty-first birthday in August, 1937, he had sexual intercourse for the first time in his life. He was receiving testosterone propionate when the analysis began and for a short time thereafter. During the course of the analysis in 1939 he received a second series of injections of testosterone propionate and also a course of injections of pregnant mare serum (gonadogen). There has been little or no recession in the changes induced by the endocrine injections except for some decline in sexual desire. There was disappearance of spermatozoa from the semen during the period of injections with testosterone

propionate with a subsequent reappearance after cessation of the injections.

The patient had not behaved in a way that would be considered very unusual until the arrival of the customary age for puberty. Then his behavior became noticeably different from that of his siblings and his associates. It was characterized by lack of sex interest, religiousness, a restriction of friendships to those younger than himself and mostly to boys, marked sensitivity about his physical condition, inhibition of emotional expression and strong idealistic and perfectionistic trends. Other than for a brief account of his family history and some details about occupation, education, social and religious activities, he did not give much additional information about himself previous to the beginning of the analysis. The successful treatment with antuitrin-S and testosterone propionate had seemed to induce active heterosexual behavior, more freedom of expression and more self-confidence, but along with this his characteristic behavior had persisted essentially unchanged.

New anamnestic data appeared first in the second month of the analysis. Before this the patient had avoided speaking of his relations with his family. Direct questions resulted in the disclosure for the first time of his antagonism to the entire family. He admitted his surly behavior towards his mother and his siblings and ascribed it to his embarrassment about his physical condition, but he flatly denied that he had any conscious hostility towards them. Gradually his relationships with each member of his family were described and many new historical facts were given.

It had been known previously that he was the fourth child of Jewish parents, and that he had three older brothers and one younger brother, and two younger sisters. But nothing significant had been described of his relationships with them except the facts that his second eldest brother, five years his senior, was considered the black sheep of the family and had not worked for ten years, and that outside the home the family did not mix much with one another. Nor had there been any other knowledge about his parents than that his father, a strict

man, had died when the patient was eighteen years old; and that his mother, who was lenient with the children and who worried excessively over trivial matters, had run the house since the father's death in 1924.

It was now discovered that the patient had been his mother's favorite as a child and had been protected by her from his father towards whom he alone of all the siblings was wilful and stubborn. During adolescence this attitude towards his father had increased in degree. At the time of his father's death (when the patient was eighteen) he had felt so guilty that he decided to be an ideal boy and to try to be cleaner and to do things properly. He became very religious at that time, as did no other member of his family, and he alone continued thereafter to attend memorial services for his father each year. So far as was ascertained he had presumably been friendly towards his siblings during childhood and adolescence. He was closely attached to his next elder brother, two years his senior, with whom he slept and who defended him when he was in trouble with his father.

His overt antagonism to his siblings and to his mother seemed to be of relatively recent development and to have begun about 1933 or 1934, at which time he had first come under the care of Dr. Kenyon. He emphasized his dislike of his youngest sister, nine years his junior. He explained that he had formerly been antagonistic to his other sister, six years his junior, but had transferred this antagonism to the youngest sister. While he admired his eldest brother, seven years his senior, he was irritated by his brother's kindly attitude and by what he termed this brother's childish behavior. He felt guilty over his rudeness towards his mother, and over his resentment at her interest in his affairs and the attention she tried to give him. His younger brother, seven years his junior, he described as having a bad temper and as not wanting his affairs known at home. He resented his second eldest brother's failure to work and that this brother was given pocket money by his mother. Of his immediately elder brother he said that he had hardly spoken to him for ten years, that is since the patient was

twenty-one years old. He said of himself that he kept everything from the family, that he resented any interference with his activities, that he mixed more readily outside his home, and that he found it hard to make up to a person after his feelings had been hurt or if he felt he had been wronged. He was at home only to sleep and for his evening meal.

The patient's avoidance of his family and his antagonism towards them seemed to be motivated by three main factors. His narcissistic pride had been grievously hurt when he had to recognize his physical deficiency. His anger over this he directed mainly against his family since it was at home that he was most forcibly reminded of his difference from his siblings. Close association with the family exposed him to repeated narcissistic insults and increased his hostile feelings. Neither of these feelings did he wish to acknowledge. He attributed recognition of his extreme sensitiveness to his family. While they did react to his hostility none of them ever indicated any recognition of his physical condition which he never discussed with anyone other than physicians. Instead of admitting his aggressive impulses towards his father he projected them to his family and felt that they accused him of being partly responsible for the father's death because of his stubborn and argumentative behavior. He could in this way not only deny his aggression but also justify his antagonism to the family; furthermore, he could satisfy his need for punishment. His affectionate feelings for various members of the family were greatly augmented when he was at home. He was so afraid of these and to what admission of them might lead that he denied their existence. Though he wished to be affectionate with his mother and to receive affection from her he exhibited only antagonism towards her. If anyone else in the family displayed affection he was resentful no matter whether the affection was for himself or for some other member of the family. In short, his attitude to the family indicated a desire to deny all emotion and to protect himself from the dangers occasioned by his unconscious wishes. At the same time, however, he was revealing the latter more clearly.



Never did he admit conscious hostility or jealousy towards his family, although he acknowledged his guilt. Gradually however he was enabled to admit resentment and antagonism. While he agreed that the failure of any of his siblings to marry or leave home and their lack of closeness to one another indicated that his family was an unusual one, he also insisted that there was a closer bond between them than between the members of most families. He said he would rather have his family behave as it did than to show too much friendliness and sentiment openly. He enjoyed visiting his friends' families and liked the companionship he saw there. Apparently he was able to express his feelings more freely in the latter circumstances since he would not be as directly involved as he would be at home and would therefore have less need to restrict himself and less responsibility to assume. In spite of his overt attitude towards his siblings, he felt that his next elder brother was still close to him and would help him if he needed or asked for help. He also felt there was some sympathy between his next younger sister and himself. His younger brother's active resentment towards him enabled him to feel less uneasy about his own surliness. He seemed to have the most guilt about his antagonism to his mother, his youngest sister and his eldest brother.

The patient would not admit that he had displayed openly affectionate feelings towards anyone, past or present. Of any one of his apparently close friendships he always said that it was not the real nor the ideal friendship which he wanted. He seemed to demand that the other person pay attention to him alone. He himself refused to show any emotion towards that person. When he found his friend was not always at his beck and call, he would become resentful and break off the relationship.

Before the analysis it had been thought that his sexual experiences, other than those which ensued after endocrine treatment, had been restricted to erections during adolescence. He had denied sexual curiosity, masturbation or sexual desire. Under analysis he recalled that when he was eight years of age

his eldest brother, who was then fifteen, had put his penis into the patient's mouth. He remembered that he had had an interest in the penis of other boys when he was ten years old, and that at twelve he had first known, though he did not believe it, about intercourse between parents. He had had erections at twelve when walking on the street with other boys, had been curious about sexual matters and had, up to fourteen years, listened to the conversations of older boys about their sexual exploits with girls. Following this he had had no interest in sex until he received endocrine injections, and had looked upon free sex expression as animalistic and wrong. Thus we see that he had had sexual feelings before puberty. When puberty was reached he repressed them. Discovery of his failure to develop secondary sexual characteristics led him to make a complete denial of sexual interests and to forget his prepubescent sexual feelings.

His strong idealistic and perfectionistic trends, his tendency to worry over trifles, his concern as to whether he had done or said the wrong thing and his misgivings as to what other people thought of him had been recorded when the original history was taken. However, the strength and the extent of such trends were not apparent until he came into analysis. His general behavior during the analytic sessions soon demonstrated these, and in addition a number of symptoms. From the start he was meticulous and overexact in his observance of the fundamental rule of psychoanalysis as well as those regarding 'major decisions' and 'abstinence'. His indecision, doubt and quibbling over the meaning of what he said prevented him from ever learning to associate freely. He would admit a thing and immediately deny it. He protested much about his desire to be frank and honest. He rejected most interpretations. While he would admit grudgingly that a thing might be true unconsciously he insisted that it was not true consciously. He said his dreams and fantasies were imaginary and had no meaning and did not ever associate freely to dreams. He confined himself to much secondary elaboration of the manifest dream content. Interpretation of his dreams had to be made directly

from the manifest content and the secondary elaborations and the symbolization contained in these. He showed a marked tendency to 'act out' outside the analytic hours, failed to exhibit any real emotional reaction in the analysis and little or none outside it, and refused to recognize the transference. Later on in the analysis these resistances were not so marked, but throughout there was no fundamental change in his manner of reacting.

Among his symptoms was included the feeling that by looking at certain people he could affect them and that if he looked twice he would do away with any injury he had done them the first time. It was not clear just when this had first begun or to what degree it still persisted. He showed reaction formations in his abhorrence of anything unclean and his dislike of wet things. His great anxiety lest he do or see anything done that was not right morally or was done incorrectly pointed to his fear of the superego and his desire to be perfect. His preference for the works of man to those of nature, and his feeling that nature is not beautiful unless it had been curbed and cultivated by man is an example of his fear of his instinctual drives and his need to repress and control them.

At sixteen years of age he had left school to avoid his contemporaries whose interest in girls he did not share. For the first two years following this he had been lonely and depressed, had no friends and began to show religious interests. After his father's death when he was eighteen he had become friendly with some boys slightly younger than himself. Through them he met other boys and girls with whom he participated in the activities of semireligious clubs. From eighteen to twenty-one he was very happy in contrast to his loneliness and depression of the previous two years, and there was also a closer feeling among the members of his family. When he discovered that his clubmates were becoming interested in other things and in particular that the boys were going out with girls, he became keenly aware of his difference from them. His associations with them were dissolved and he was again left without close friends and companionship. At twenty-one he stopped talking

to his next elder brother. At this time he first consciously admitted to himself that his sexual development was deficient. Until then he had seemed to refuse to recognize anything other than social differences. He now worried a great deal about his physical condition, was much depressed and felt very insecure.

One of his more prominent compulsive habits arose about this time. It depicted his fear of his unconscious death wishes towards his family and his attempt to defend himself from expression of these wishes. It seemed to be related to having read a newspaper account of someone who had been asphyxiated by gas from a leaky gas stove. Ever after this he was afraid that someone in his house might be asphyxiated and felt compelled to try the handles of the gas stove to make sure that the gas had been turned off before he went to bed at night.

Not until he was twenty-three did he make any attempt to get medical advice and treatment for his physical deficiency. It was then that a second prominent compulsive habit made its appearance. This symptom portrayed vividly his aggressive sexual wishes towards his mother and his manner of denying and disguising them. He had read in a newspaper a report of sleepwalkers having attacked other people. He developed the fear that he might in his sleep hurt some member of his family, especially his mother. To prevent this he would loosen his pajamas so he would stumble over them and awaken if he should walk in his sleep. That he did not feel the need to take this precaution when he was away from home on vacations indicates the incestuous wish behind the fear.

Another habit was his custom of making sure that all knives had been put away carefully before he went to bed. Here we may see evidence of his sadistic tendencies towards his family and perhaps of masochistic trends as well. This is inferred because this compulsion was first described in relation to a dream in which his fear of castration and need for punishment for his aggressive desires were shown.

The relationship of these three compulsive symptoms to nighttime when during sleep there is relaxation of the vigilance



of the forces which protect one from emergence of repressed wishes should be noted.

The clinical impression gained by observation of the patient in analysis led to the hope that a fuller knowledge of the details of his childhood in particular and also of his early adolescence might provide an explanation for his adult behavior. New details about his childhood and early adolescence were added during the course of the analysis, but the extent and the degree of amnesia for childhood events were extreme. He recalled nothing previous to six years of age. Most striking was the almost complete absence in his recollections of any information about his siblings and about his feelings regarding them.

The actual situation during the patient's infancy and early childhood may be reconstructed in the following manner. He had been the last child born to his parents before his father left Europe to come to the United States. For two and a half years after this he and his three older brothers had remained with his mother and did not see the father. After they rejoined the father the patient continued to be the youngest child and youngest son for another three and a half years. When he was six years old a younger sister was born and he found that he had lost his favored position. At seven years of age he was first sent to school and about the same time a younger brother was born.

His reactions to these events, although not known in detail, may be inferred from the information we possess about this period of his life. We may conceive that his displacement as his mother's favorite was proved to him by his sister's birth. His father had usurped his position with his mother and a sister was now the youngest child. Further proof of his rejection was provided when his younger brother was born and when he was sent to school. Apparently in response to all this he began to exhibit an aggressive attitude towards his father by stubbornly refusing to obey and by demanding more attention from his mother. The fear engendered by his aggressive and demanding behavior forced him to defend himself by

becoming a model pupil at school where he won prizes for the excellence of his work and was the outstanding student. By again becoming dependent upon his mother and claiming her protection from his father's retaliation he was able to avoid punishment for his aggressive impulses. His homosexual attachment to his immediately elder brother and his defense by this brother when he was in trouble with the father served him as another means of protection.

For a period of four years between the ages of eight and twelve he had been afraid to go to bed and had spent many sleepless nights. Though he knew of no specific reason for this fear it is probable that it was motivated by guilt over his hostile impulses towards his father and siblings and over his erotic desires for his mother. Another motivation may have been the seduction by his eldest brother and his consequent fear of and desire for a repetition of this experience. It was during the early part of this period when he was nine that his youngest sister was born. In addition he was sleeping with his immediately older brother to whom he was closely attached.

An illness between ten and twelve years of age culminating in five weeks in a hospital with acute nephritis brought him a great deal more attention from his mother. When after six months he returned to school, he was publicly complimented by the teacher for achieving promotion despite his absence. Thus he succeeded in maintaining his position as the outstanding pupil at school and as the mother's favorite at home. His narcissistic desires were also fulfilled by his unique position as the only sibling who was openly defiant to his father.

His father believed in and followed orthodox Jewish customs in the home, though he did not observe Saturday as a day of rest. The patient participated in these observances and enjoyed the celebrations of the Jewish holidays. An incident which occurred when he was thirteen was destined to play an important part in the patient's future attitude towards life. He had been confirmed at home by his father and thereby tacitly admitted to the privileges of manhood. The usual custom of being confirmed in the synagogue was not carried

out, and the patient never had the privilege of publicly symbolizing his maturity as most Jewish boys do. Later on during the analysis he seemed to use this incident as proof of his immaturity and of his father's part in causing it.

The patient is undoubtedly an obsessive-compulsive character. It is a simple matter to deduce that he had great fear of his aggressive impulses and of what might happen to him because of them, and that he had a desire to punish himself for such impulses as well as a wish to avoid them entirely. He succeeded in defending himself from these conflicts, albeit only imperfectly. They had been given greater intensity by the newly established sexual maturity. His entry into the analysis increased his anxiety still further. There he found himself faced at once with a father surrogate and a repetition of the former situation with his father. His immediate reaction was to deny his aggressive impulses by projecting them onto the analytic situation and to conciliate the analyst by behaving like a model child with passive obedience to all the rules. His need for punishment was so great that he was compelled to disclose his aggressive tendencies towards his family. He sought to provoke the analyst to punish him by refusing to accept interpretations, by quibbling over them and by attempting to set up arguments. With great reluctance he admitted that he was displaying an attitude similar to the stubbornness which he had previously shown towards his father. His wish to be in a passive relationship with his father was portrayed in a dream in which he was a boy prodigy over whom a fuss was made by the father. Other dreams in which he was represented as a girl further emphasized this wish. He reacted against the passive homosexual transference at times by masculine protests, as seen in a dream in which he owned a house of prostitution and in his practice during the early part of the analysis of visiting a prostitute (the one with whom he had had his first intercourse) whenever an analytic hour was cancelled.

The transference brought out more envy and jealousy of his siblings, especially of his sisters. His anxiety over the transference became so acute that he retreated to a level of behavior

where he was irritable, whined and complained as might a petulant boy to his mother. An interpretation to this effect so wounded his pride, that he reacted by a direct statement of his resentment against the analyst, and by acting out his displaced hostility towards his siblings and his parents with open expressions of anger at fellow employees and friends. His unconscious wish to be a child and the youngest son was revealed in a dream of the celebration of the first night of the Passover. As a small boy he had enjoyed this ceremony and his part in it. Other dreams of himself and of children and babies crying bespoke still further regression.

At this point in the analysis he began to have insight into his passive homosexual transference. He said he was immature in his attitudes, and although he voiced the hope that he might make a better adjustment, he still was inclined to feel that he had a physical handicap which could not be overcome. He expressed pleasure at being able to bring out more freely his wishes and desires. The discovery that injections of testosterone propionate seemed to decrease the number of spermatozoa and that they increased in number again when the injections were stopped, drew from him a statement that he would like to have the injections continued anyway. That is, he wanted only the outward manifestations of masculinity as shown in the secondary sex characteristics, and would not accept the complete adult responsibility which would accompany fertility. He repeatedly stressed the feeling that he was different from the average man. His wish to remain at this level of adjustment was expressed by him when he said, 'A good excuse for not making a change now is the analysis'.

His great fear of making a change continued throughout the analysis. He would reproach himself for not having made definite plans for the future, for not looking for a better job, for not leaving home, for behaving immaturely, for associating mostly with younger persons, for being afraid to meet strangers or to go into new social situations, for being unable to express his feelings more openly, and for being inadequate heterosexually. Along with these reproaches he would state that he



was too handicapped physically and felt too sensitive about his appearance ever to be able to behave in a mature way or to assume the responsibilities of maturity, particularly of marriage. He did not accept the opinion that he was now virtually a normal man in his sexual development. He said he needed the support of the stimulation provided by the endocrine injections before he could act in a more completely heterosexual manner. He preferred to have injections of testosterone propionate rather than injections of gonadogen which might increase the amount of sperm production instead of diminishing the number of spermatozoa as testosterone did. He said he was afraid to impregnate anyone lest the resultant offspring be deformed. This was because he had once heard that some man had objected to endocrine injections on the grounds that they might have an injurious effect on him and thus on his wife or any children they might have.

He did make active attempts to behave in a more adult fashion and had affairs with several different girls. Most of these affairs consisted of some sexual foreplay. He not only denied that this was heterosexual, but also denied that in one affair in which he had intercourse successfully (on one occasion five times in one night) that his reactions to intercourse were normal. Never did he permit himself to feel affection for any of these girls. He spent much more of his time with girls who had no sexual attraction for him and with whom he could make a narcissistic identification. By far the majority of his activities were in the company of men. He became attached to several of his men friends, appeared to prefer their company to that of girls and at times showed jealousy when his men friends showed more interest in girls than they did in him.

As had been the case during the early part of the analysis he exhibited masculine protests in dreams, in 'acting out' and in fantasy. Regressive trends also continued to be shown from time to time during the entire analysis. When he was receiving testosterone propionate injections at one period his dreams and the other analytic material indicated that there had been much increase in libidinal tension which instead of leading to

freer expression of heterosexual drives, caused his anxieties and fears to mount to such a height that regressive trends became very marked.

His dreams began to give a clearer picture of deeper motivations and conflicts after he had been in analysis about eight months. The reasons for his excessive need to play a passive feminine rôle were exemplified in a dream in which the strength of his aggressive impulses and his tremendous fear of them were shown. In the dream he found it necessary to protect himself from his aggressions and from punishment for having them by triply distancing both wishes. This he did by having the aggressive act and its sequel, the punishment, take place at a great distance from him, while he became aware of it only through hearing of it by radio and seeing it by television.

'The action takes place away from where I am. It concerns a trial where someone is tried for doing injury to some male movie star. It is over the radio and I am listening to it. The person who did the injury is dead. There is television, as I see the picture of this person. The mob in the courtroom hiss. The judge recognizes that the person who did the injury isn't entirely to blame, and revises the unjust decision which was against the person and makes it more favorable. At this point I seem to be right beside the judge.

'M. A. is saying to my father, "I suppose you had a heck of a good time there", meaning a vacation I'd had at some cottage.'

This dream was the first of a series, each one of which threw still more light on the patient's unconscious conflicts and their probable origin. A second important dream pointed to the oedipus situation as the probable source. His erotic desires for his mother and his competitive aggressiveness towards his father because of these incestuous wishes, induced in him the fear that he would be hurt by his father in retaliation. Relief from his anxiety was obtained when he discovered that he would be safe if he assumed a passive conciliatory attitude to his father.

'I'm in a field encased by an extremely long fence. I make the remark that it's a fence belonging to an extremely illustrious family. In the field and at some distance away is Bertha and a girl friend. At a distance are two women of the illustrious family with a ferocious black dog. I feel fidgety about the time as it is almost six o'clock and I have to go to the analysis. The dog is barking and just before I leave the dog starts for us. I run for the car which is nearby, but just as I'm about to close the car door the dog catches me. I bend down and fondle the dog which has changed into a friendly collie.'

A third dream demonstrated that in spite of his passivity towards his father he had continued to have resentment and rebellious feelings when his father demanded that he should obey the restrictions placed upon him.

'It concerns Mr. S. It concerns the office. I'm speaking to C. who is at E.'s desk. Mr. S. walks over and asks me about a tornado policy. He is very angry that I didn't secure enough distribution of values in the policy on the house. I didn't answer him as I didn't know what policy he meant. For hours later I kept trying to justify myself in the policy as written. I reproached myself for not answering Mr. S. when the policy I had written was right.'

The fourth of these important dreams revealed that the patient had conceived of his father as a powerful, aggressive person who could command anything and who controlled everything, and as a person whom he had to obey by rigidly correct behavior even after his father's death. The key to the meaning of the dream was contained in one of his associations to it, namely, a 'contraption' that represented life after death and was a message of displeasure from the sky from his father for his bad behavior.

'I notice a strange-looking contraption of some sort flying in the air. It alights and a crowd gathers. Out of it come a crowd of officers. As each one comes out he stands stiffly at attention. They are Germans. The crowd are resentful. The

men disappear and destroy property. I examine the contraption and find that the men have to lie horizontally on top of one another in close quarters. I examine a book and find out that they are here to secure money that is just for their own advantage. The men had returned while I was doing this.'

At this stage of the analysis it seemed possible to make a tentative formulation. Presumably his *œdipus* conflict reached its maximum intensity during the period from his fifth to his seventh year. Then his next younger sister and his younger brother were born. His erotic desires for his mother and his aggressive impulses towards his father evoked in him a fear of castration. His reaction to this situation led to repression of his castration fear and the development of his superego. He became a model boy and an outstanding pupil at school, while at home he was passively resistant to his father. He retained his mother's affection by his dependence upon her. Towards his next older brother he developed a passive homosexual relationship and thus avoided competitive rivalry and its consequences. But on the whole he did not display any noteworthy deviation in behavior from that shown by his siblings or his contemporaries during the latency period. He was friendly to his siblings and cousins, mixed well at school, and was at times a leader of his group. When he became aware at puberty that he did not show the physical signs of sexual maturity which other boys had, he unconsciously interpreted this as evidence that his castration fear actually had been realized. Thereafter he acted as though this were true. This interpretation was given greater validity when he was deprived of the privilege of publicly symbolizing his maturity by confirmation in the synagogue. He at first defended himself from this realization by denial. He refused to recognize any difference in himself and mixed with other boys. When he was forced to admit that he was different his defense was isolation. He withdrew from all contact with his fellows and any thoughts of sex or any emotional expression. Another defense was to compete with his father by showing more overt antagonism. This aggressiveness also meant his rage at his father in retaliation.



for his castration. His guilt over his hostility to his father led to depression and to religiosity. His father's death which seemed to him the result of death wishes against the father, caused in him so enormous a need for punishment that his religiosity increased to an extreme; he became a model of good behavior and accepted his immaturity by associating only with those younger than himself. Conscious admission to himself when he reached twenty-one that he was sexually immature brought in its wake a renewal of aggressive feelings and the necessity for new defensive measures in the form of obsessive fears and compulsive actions.

He defended himself from recognition of his unconscious erotic and aggressive impulses by complete inhibition of emotional expression. Consciously he would not admit that he had affection or hate for anyone. But both his affectionate and sadistic wishes were clearly depicted in his symptoms. His great fear of the superego and his extreme need for punishment are patently shown in his perfectionism and religiosity. His belief in the omnipotence of thought is demonstrated by his fear that his family may be asphyxiated and his defensive compulsion to see that the gas stove is turned off. He acts here as though his murderous wishes could really kill. The ambivalence is evident in his belief that by looking at a person he could injure him and that he could undo this injury if he looked at the person a second time. Reaction-formation is present in his orderliness, punctuality, neatness and abhorrence of anything unclean. His work as an accountant indicates the extension of his compulsive character into his choice of an occupation. Until he was twenty-seven and the hope of improvement by active endocrine treatment appeared, he presented this characteristic clinical picture.

When endocrine injections finally produced sexual maturity he was faced with a dilemma. The strong libidinal urges clamored to be put into action. This was not permitted due to the strength of his defensive mechanisms. Consequently when he made attempts to express his libidinal drives these were curbed and found fulfilment only in part, namely, in

fantasy and at the level of early adolescent sexual expression. Though he now had normal physiological potency, he isolated his feelings from the sexual situation. Intercourse was performed as a physical act alone. He could not permit himself to experience any emotional accompaniment. He felt no love for the girl and denied after the act that he had derived any satisfaction from it. He selected active aggressive women who made advances to him and who took the initiative in the act. He depended upon other men to find girls for him and usually had to have another man with him. He had closer friendship with men than with girls. He enjoyed receiving injections and the passive homosexual relationship with the physicians. In brief, his reaction to the increased sexual drives was expressed mainly at the homosexual level.

The subsequent course of the analysis, as well as his behavior outside the analysis, tended to confirm this formulation. His unconscious wishes and conflicts and his manner of dealing with them were portrayed in both situations, though still in a disguised fashion.

His masochistic wishes were given frank representation in a dream in which he submitted to a sexual attack by his father. His fear of castration was evident in a dream in which the penis was injured. His desire to avoid danger and to deny his sexual impulses was seen in his concealment for three weeks of a penile pruritus which had led him to scratch so vigorously that he excoriated the skin of his penis and developed a small infected area. His incestuous wishes were very well demonstrated in the feeling he experienced (on one occasion during the affair in which he had successful intercourse) that he had once before been in a situation where he was having sexual relations with a woman who belonged to another man. His attitude towards the heterosexual rôle was pictured in a dream in which he was quite capable of performing adequately as a man but depreciated this as something not quite good enough.

His wish to be unique and outstanding was prominently exhibited in his daydreams, in his insistence on being different from his siblings when at home, and in his persistence in asso-

ciating with younger people with whom he could more easily be the center of attention. His long continued experience as an interesting patient who received much free treatment served to confirm him in his narcissistic feelings and his desire to remain unique.

His avoidance of his family and his resentment towards his siblings and his mother appeared to be motivated by the anxiety and fear which had been stirred up by the results of endocrine treatment and by the analysis. He found himself faced by desires and wishes similar to those he had had in childhood. He resolutely refused to accept any affection from his mother, and felt resentful towards her when she showed him attention or when his siblings received any. This rejection of his mother's love was shown in a dream in which he diluted with water the orange juice which his mother regularly prepared for him and which he always refused to drink.

Some lessening in the rigidity of the patient's defenses occurred, and for a while he found it possible to give a little freer expression to his feelings. For example, there was a more open display of aggressive behavior at his office and at home. He no longer felt compelled to be religious, and became critical of religious customs and superstitions. He tacitly admitted that his need to be perfect and absolutely correct and his inhibition of emotional expression were reactions to his physical deficiency. He seemed to see that he had to get rid of these defenses before he could adequately fulfil the requirements of the adult male rôle. This apparent insight has not as yet allowed him to make the final readjustments. He has maintained a passive homosexual transference even though he has fear of it. At times he has avoided heterosexual situations completely for a considerable period and has been content to remain in a dependent relationship at home where he has found it possible to maintain more friendly feelings towards his brothers and sisters. After two years of analysis he has showed more active heterosexual behavior than ever before. He has permitted himself to have both conscious feelings of affection and sexual interest in a girl. He has considered the

possibility that this girl might be serious and desire marriage. He has also expressed his erotic feelings towards his mother and sisters in a less disguised fashion in dreams. For example, in one dream he depicted himself as living away from home and visiting his mother who lived alone. In another dream he indirectly portrayed his interest in his youngest sister by having his younger brother substitute for him in erotic activities with her; in a third dream he was dancing with the elder of his two sisters.

How far does the evidence provided by the psychoanalytic study of this patient permit us to go in answering the questions raised at the beginning of this paper?

It seems to me that the psychosexual development of this patient during childhood showed no great deviation from the general pattern, and that the patient probably had sufficient libidinal drive to meet the problems of that period in a fairly adequate manner. The available data point to the presence of a normal oedipus and to the occurrence of no particularly unusual reactions in solving the conflicts engendered by it.

At puberty a distinct change occurred in the patient's behavior. No longer did he exhibit the same general reactions as did other boys of his age in the same environment. It is obvious that he suffered a severe emotional trauma when, due to the failure of further growth of his gonads, he did not keep pace with other boys in sexual development. It is likewise certain that he did not experience the great increase in libidinal tension which normally takes place at puberty. I believe that it is possible to account for the major part of his changed behavior on the basis of these two factors. I have suggested earlier that the trauma at puberty also stirred up the patient's previous conflicts, in particular his castration fear. In my opinion the analytic material confirms the view that the weakness of his libidinal drives rendered him incapable of dealing with these problems in a real and satisfactory way and forced him to adopt new methods of ego defense. These defenses were later intensified and added to by real events of a traumatic nature to him, for example, by his father's death.



During the long period of years from puberty up to the time of successful endocrine treatment he continued in general to manifest the same defense mechanisms. This served to fix these into a rigid pattern. When he attained physical sexual maturity at the age of thirty and the sudden increase in libidinal tension made new internal demands upon him, he found himself greatly handicapped by his inability to discard these long continued methods of defense. The latter tended to repeat themselves in spite of his conscious desire for a new level of adjustment. His behavior during the analysis is a convincing demonstration of this. It portrays the fact that he could achieve heterosexuality in fantasy and in dreams, but that he has not actually achieved it in reality.

It seems to me that this patient progressed through the usual phases of psychosexual development in childhood up to the phallic phase. This phase coincides with the height of the œdipus complex and castration fear. His solution of these conflicts was not unusual. His growth was abruptly interrupted at puberty and he did not attain the genital level. His reaction to this failure of growth consisted in an intensification of the defense measures necessary to meet the greatly increased threats to his phallic organization. While he showed traits which are ordinarily considered to be anal in character he did not show regression as he had never reached the genital level. These facts suggest that in this patient the clinical picture of an obsessive-compulsive character was not brought about by regression from the genital to the anal-sadistic level, but is a manifestation of the patient's attempt to maintain himself at the phallic level.

The analysis was terminated by the analyst four months after this paper was submitted for publication. During these months the patient's immediately younger sister became engaged and was married. The patient was able to participate in the activities surrounding these events without experiencing the anxiety which formerly had characterized intimate association with the family. About the same time he discovered that several years earlier the girl towards whom he had developed

conscious feelings of affection and sexual interest had had amenorrhœa and other signs of hypogonadism for which she had received endocrine treatment with beneficial results. Shortly after this he was able to tell her about his former physical defect and the treatment he had had. Upon termination of the analysis he went on his vacation with a man. When seen upon his return he announced that he had given up his girl. But four months later an acute illness of the girl necessitating an operation led him to resume his close association with her, and to introduce her to his family and become engaged to her. He still hesitated about marriage offering the selective service act as an obstacle. He was rejected for active service because of defective teeth and two months after the engagement he married her.

# A CASE OF POLLAKIURIA NERVOSA

BY CAREL VAN DER HEIDE (CHICAGO)

In one of his earliest writings, *The Defense Neuro-Psychoses*, (1894) Freud (1) described a young girl who suffered from the dread of being forced to urinate and wet herself, a phobia which made her unable to enjoy herself socially, so that she felt comfortable only when there was a toilet near to which she had access without arousing attention. At home she was at ease and her sleep was undisturbed. Freud's investigation showed that the trouble had started during a concert when she had had a fantasy of being married to a man who was sitting nearby. She experienced a sensation comparable to an erection in men, which ended with a slight desire to micturate. She became frightened because she had decided to overcome her affection for this man as well as for all others, and the next moment the affect transferred itself to the accompanying desire to micturate. Freud commented that the very prudish, but sexually hyper-æsthetic girl was quite accustomed to sexual sensations, and that the sensation of an erection was always accompanied by an impulse to micturate. This, however, had made no impression on her up to the time of the incident at the concert.

Such a phobia is not at all rare, especially in neurotic women. It leads usually to frequent micturition which is often only a measure of preventing the embarrassment which might otherwise occur. Clinically, abnormally frequent urination which is not dependent on organic disturbances is called psychogenic or nervous pollakiuria whether or not a phobia is present.

Few references in the psychoanalytic literature are made to this symptom, interest being chiefly directed to the closely related subjects of enuresis and 'urethral character'. Sadger (2) mentioned pollakiuria in his original study of urethral erotism and stressed the highly pleasurable gratification and unconscious self-consolation which some pollakiuria sufferers get from

micturition. They sometimes enjoy the sensation of starting to micturate and therefore void in *refracta dosi*.

In another early study, Macfie Campbell (3) reported that in two neurotic women, pollakiuria was strictly connected with a 'not totally unconscious' hostility towards men. Smith E. Jelliffe (4) described a woman, widowed for forty years, who almost throughout her life had had to urinate at least every fifteen or twenty minutes and had completely adjusted her existence to this symptom. When in her sixty-fourth year a physician dilated the contracted bladder, she became able to retain urine for five hours but developed an agitated involutional melancholia. Jelliffe stated that with the removal of the symptom, an unconscious erotic gratification by means of which the patient had been able to function was taken away and that this precipitated the psychosis. Alexander (5) observed in a psychoanalysis a transient pollakiuria which had the meaning of an attempted denial of self-castrative wishes. Christoffel (6) gave some examples of the emphatic masculine meaning of urination in common symbols and folklore. He mentioned that the combination of pollakiuria with involuntary retention of urine from which (according to Christoffel) Emile Zola suffered, is known by the name of 'stuttering urination' or 'stammering bladder' which suggests a connection between the urethral and oral functions.

In the nonpsychoanalytic literature, one finds general agreement about the occurrence of purely psychogenic pollakiuria (Schwartz [7], Leshnew [8], Wobus [9]) but elaborated study of the individual history, the emotional and other psychic factors expressed in the symptom is lacking. A study by Barinbaum (10) deals chiefly with the differentiation between organic bladder disturbances and psychogenic pollakiuria.

The psychoanalysis of a young girl suffering predominantly from pollakiuria offered the opportunity to study intensively the significance of this symptom in the framework of the neurosis as well as in relation to its early development. In this



paper the manifold determination of the symptom will be discussed and an attempt will be made to examine the specific physiologic process involved in this particular neurotic symptom and its relation to the character.

The patient came to psychoanalysis when she was twenty-three years old. She was a rather tall, good looking blond girl, a piano student living with her elderly rather strict Protestant parents. She was the youngest of five children with two sisters and two brothers from seventeen to ten years older. All were married, the eldest sister when the patient was five.

In the first interview the patient, crying, told how guilty she felt because she deceived her parents with a mask of innocence which concealed her impure and passionate thoughts. Because Chopin's music aroused her, she usually concentrated on Bach in order not to indulge in masturbation. She believed that she would never be able to marry because she felt only passion and no frank affection for boys. She wondered whether she could love at all and did not know how she really felt towards her parents who overwhelmed her with care. Shortly before she came for treatment, her mother was sick in bed; the patient was anxious and so frightened by dreams that she went to her mother many times.

Worst of all, certainly, was a need to urinate frequently whenever she was away from home. Before the need became acute, she was in a painful state of tension awaiting the moment when she would be forced to leave. The amount voided was generally small, and often despite her efforts she had to wait a few minutes before she could void. At the beginning of the analysis it was an achievement for her to retain her urine for an hour, and almost all pleasures, such as meetings, trips and concerts, were impossible. She wondered whether she would be able to manage the analysis for which she had to come daily from out of town. To avoid embarrassment, she denied herself all liquids so that she had the feeling of being dried up whenever she was away from home in the evening. Urinalyses and general physical examinations at different periods never showed any abnormalities, and the most careful anamnesis was negative

for cystitis or other physical disorders at any time of her life; besides, the symptom was absent while she remained at home, and micturition during the night was exceptional.

The 'weakness of the bladder' had developed rather suddenly when she was sixteen years old, and the almost dramatic onset of her trouble became gradually clear in the course of the analysis. One summer evening the younger brother, at that time a charming naval officer, took her out in his new car. She enjoyed this tremendously because, in spite of his habit of teasing, she adored him and cultivated a secret wish to make her home with this ten-year-older brother some day. Meeting a girl in whom the brother was interested, the patient was put in the back of the car and had to witness the flirtation. After a time a strong need to void obliged her to ask her brother to stop. He paid little attention, but finally they went into a small beer cellar which was not well adapted for lady visitors because the toilet could not be used without passing the men's urinal. Highly tense and almost unable to control her emotions, she finally was able to relieve herself. Following this experience charged with anger, jealousy and shame, she suffered from pollakiuria.

She had been, according to information proudly given by her mother, 'clean before the usual time', and had subsequently never wet her bed. Being an 'after thought', she received an unusual amount of attention from the family, and her elder sister liked to be mistaken for a mother when wheeling her in her carriage. When she was four years old, during a serious illness of the mother, she had said, according to a family tale, that should her mother die she would still have her father to live with. She was five years old when shortly after the War an Austrian girl of about the same age was taken into the family because she could not be properly fed in her native home. The nice appearance and more mature intelligence of the intruder not only attracted everybody's attention but also impressed the patient. Although she was teased because of a recurrence of thumb sucking, she succeeded quite well in get-

ting along with the little Viennese who was soon calling her foster-mother 'Mummy'. During this period the patient once wet her clothes during the day. Another of her early recollections was of being frightened when her father came home with a newly killed pheasant in his hand. When the Austrian girl left after a year, the patient told her mother, she wanted to 'become number one' again. She went to school and was peculiar not only because of her use of German words, but also because she would not play with dolls. She found their artificial hair disgusting.

A short time later the family moved. Now seven years old, she no longer slept in her parents' bedroom but was given a room of her own which served as a passage to the bathroom. The daily procession of all members of the family gave her tremendous entertainment every morning and it was an exception if one of the brothers walked through her room without making some kind of fun. She developed moreover, a keen interest in the sounds emanating from the toilet, and particularly in its use for the purpose of urination. She tried to distinguish by ear the streams of her brothers and admired the long powerful noise made by her father. She scorned the sound made by her mother who 'did like a cow'. At about the same time, after watching a little boy cousin urinate, she tried several times to imitate him.

After her second sister married, she stayed occasionally with the elder sister whose marriage was childless. She witnessed some quarrels between this sister and her husband, and once during the night she ran into their bedroom because she feared her brother-in-law was going to do some damage to his wife. At home she had had similar fears in dreams, mostly with the content: burglars might kill her mother; then waking with anxiety, she would need the reassurance of seeing her mother alive.

More disturbing, however, was her tendency to vomit which started about the age of eight and lasted until the pollakiuria developed. After she had vomited a number of times in what

for the mother were highly unpleasant situations, special attention was given to the child's feeding and consequently quite an intimate contact with the mother ensued.

Living in the country, she had the opportunity to observe dogs and rabbits. Dogs gave her some sexual information withheld by adults. It was, however, not always very constructive; for example, a bitch once vomited parts of the pup she had eaten. With much tension the patient watched the docking of the pups' tails and the decapitation of chickens; regarding the latter, she was soon in a competition of skill with the gardener. At children's parties she was always proud when people said she behaved like a boy. Her father, a good hearted but quick tempered man used to organize cock fights in his garden. He allowed his little daughter to retrieve the birds he liked to shoot.

She attended a girls' private school and showed good intelligence. There was in school a vivid interest in sexual matters and soon she was involved in games of peeping and exhibiting. She had masturbated since her ninth year according to her conscious recollections, but refused energetically the mutual masturbation which was practised at school. She felt snubbed by the other girls who were chiefly rich daughters of the nobility. Transferred to a coeducational high school when she was fourteen years old, she became quite ambitious. She quarreled with some male teachers whom she disliked. Already at this time she felt unusually embarrassed whenever she had to go to the toilet, and was always afraid of being watched while she was sitting there.

She began to menstruate in her thirteenth year. Although well informed, it was nevertheless a terrible blow. She imagined that she was bleeding to death and screamed for her mother. She had never believed that it would happen to her. Menstruation stopped for half a year and later was irregular, always accompanied by changes of mood and physical complaints for which no organic cause could be found.



In the psychoanalysis the understanding of the almost conscious, long and intensive struggle against being a girl gave an initial feeling of relief. The attempts of the analyst to find out the determining roots of this conflict, however, were frustrated by a strong resistance, most of the material dealing with an intensive envy of the male urinary function. This proved later to be only an expression but not the cause of her conflict. Her recollection of the sounds from the toilet and a vague memory about the father using a pot in the bedroom were related alternately with furious complaints—almost reproaches—about the lack of public conveniences for women. Another complaint was that the use of a toilet for urination always caused a fear of being watched and heard. This found characteristic expression in a dream:

The patient is in a department store. She uses the ladies toilet, but the door has to be kept open. Men and boys are looking at her and laughing. She is sitting 'before a screen', which suggests a theatrical performance, but (in her native language) recalls an expression for 'looking cheap' as well.

The unusual importance of micturition and its close relation to exhibitionism is further clarified by the patient's statement that the family still joked in a somewhat teasing way about the patient sitting on the pot surrounded by the brothers and sisters, an object of admiration. It is not surprising that she sometimes dreamt of urination as a response to their having been nice to her.

Many dreams dealt with urination, water and ships. A characteristic valuation of the male organ as 'urinator' (which as Christoffel [6] reminds us, means 'diver' in Latin) was shown in the following dream:

The patient is in a train and watches a plane which is going alongside the train but dives many times under the water. She has a vague feeling of knowing the pilot. She is telling this dream to the analyst who is in the bathroom and she has the feeling of falling out of her bed.

To this dream the patient associated early urinary observations and experiences of seeing her brothers in the tub. Her daily train trip had a special meaning, not only because of her fantasies about male travelers, but also because it caused strong physical genital sensation, mentioned by Freud (11) in relation to railroad phobia and infantile sexuality. Falling out of bed used to be a successful way of engaging the brothers in play. The competition in speed suggested in the dream, reminded the patient of her general feeling of inferiority. Her competitive feelings, associated with urination, had led to a strong 'urinary rivalry' (12).

In the course of the analysis, many expressions of the wish to possess a male organ and a fear related to this were expressed. She felt unhappy because of the somewhat accentuated prominence of her nose which felt warm and swollen when she was in the company of boys. In her opinion it was an injustice that such a disfiguration should be less important in a man. She told of numerous games in her childhood with such objects as tubes with which she imitated male urination. It became obvious that the terms used in connection with the exhibitionistic games at school indicated an evaluation of her own genitals as masculine. According to one phase of her infantile fantasy about the sexual function, the male and female genitals were contacted and children were born per anum. Later when the vagina entered the picture, it served only as an instrument to give birth, somewhat connected with the bowel tube, but without any relation to the sexual act.

Dreams in which the patient was observing that she had some kind of male genital occurred frequently from the beginning of the analysis. In contrast to them is the following:

Father swings her up in the air, playing. He and the elder brother have a look under her frock and are laughing, jeering at her.

Once she dreamt that she had masturbated in order to close the genital opening. Stimulation of the clitoris was accompanied as a rule by two peculiar sensations: first, a particular taste in her mouth; second, a feeling of stiffness in her left leg. There was a strong sense of guilt about the fantasies which led

to masturbation. In one of them, she relived experiences at school with the difference of indulging in mutual masturbation with the girls rather than refusing to do so, as had been the fact. More frequent, however, were fantasies of being a show girl or a prostitute in some seaport and 'giving herself' to everybody. In others, she suffered severely from a debauched life, got pregnant, did not know who was the father of her child and had to go through all sorts of misery.

The following dream introduced into the analysis feminine wishes towards the analyst:

She had lost her fountain pen in the analyst's room. She searched a long time for it and when she found it, the glass tube holder for the ink was broken.

The patient imagined sexuality for women as a source of tremendous suffering and agreed with most of her mother's opinions such as that once married a woman lost any claim over her body and that the number of children in a marriage showed to what extent passion could be ruled. She succeeded in discovering that her mother had married on finding herself pregnant with a child which she later lost and furthermore that such 'forced marriages' were not at all rare in the family.

In many of her prostitution fantasies she was a seductive woman who used men as impersonal sexual tools. She blamed them for all kinds of perversions among which fellatio frightened her most of all. Unable to understand it, the patient stated that this kind of physical contact had come to her mind once at the age of eight when she was in church with her elder sister and her husband. The minister had preached about sin and the patient reacted very inopportunistically with vomiting. In association, she related fears of swallowing hair pins and other objects which she put far away from her bed. She recalled that she had participated when she was eight in a Christmas dinner at which, much to her painful surprise, her favorite rabbit was served. She did not know whether the animal was a male or a female. Recurrent vomiting followed and in addition she felt a fear of eating in the presence of men, especially with her father.

In a dream she had swallowed the rubber finger sheath

which her father had worn because of an infection and with which he used to play during dinner. This dream awoke the painful recollection that once, as a child, she had bit his finger rather seriously when he tried to help her while she was choking.

Feelings of guilt towards the father made it difficult for the patient to accept any assistance from him, such as the psychoanalysis for which he paid. The same attitude was displayed also towards any direct favor from the analyst, and it increased when the father showed full agreement with the analyst concerning the treatment. That underlying fantasies of the same nature as these towards the father played a rôle in the transference is clear from the following dream which occurred three months before the analysis ended:

The patient saw the analyst and his ears were not equal. The left one (which during the psychoanalytic hour, was turned towards the patient) was gnawed off and he looked pitiful.

In the psychoanalysis which lasted almost two years, first envy, then competitive feelings, and later plain hostility and help seeking affection towards the analyst were in the foreground. The envy and competition served a practical use in an ambitious but successful struggle to compete with her colleagues in the music conservatory where she was better able to utilize her opportunities after she had recovered from the pollakiuria.

So much about the psychoanalysis of this almost classical hysteria with anxiety, phobia ('phobic façade', Fenichel [13]) and conversion symptoms. It is obvious that in the conflict with the instinctual drives, all sorts of defense mechanisms in addition to conversion were abundantly applied. Denial and flight were regularly used in an attempt to keep down the large amount of anxiety. Feelings of inferiority leading to competitive hostility and guilt causing inhibitory self-punishment, as described by Alexander (14), were outstanding features.

Very little is known about the first five years of this girl's



development. It may be assumed that she got an unusual amount of love and adoration from the adults among whom she was growing up. Their admiration for her achievements 'on the pot' would have increased the childish tendency 'to pay back' with urination and the satisfaction she felt at being thus exhibited. The first five years were noteworthy because of unusual opportunities to hear and observe. She slept in the bedroom of her parents until she was seven and lived among much older brothers and sisters whom she could easily regard as additional parents. Nevertheless, judging by her reaction to the illness of her mother, the first steps in the direction of a normal oedipus were made.

When at the age of eight neurotic vomiting occurred, a special care for her food by the mother was gained, recalling the little Austrian girl who was taken into the family because she could not be properly fed in her own country. In addition, the analytic material revealed the fantasy of appropriating the father's penis by oral incorporation. The hysterical vomiting and guilt feelings can be considered as the reaction against this unbearable idea.

After a period of extreme spoiling by the mother and other members of the family, the inclusion of a strange child of the same age as a member of the family was an injury of traumatic proportions. The consequent oral regression led to inferiority feelings. Her father contributed unwittingly to her sado-masochistic fantasy about sexuality. The defense against her exaggerated feminine masochism was an identification with the aggressor (father), and a fantasy of gaining the penis by oral incorporation was reacted to with guilt and vomiting. Identification with the father took a part in the superego formation.<sup>1</sup> Consequently her defense against the feminine acceptance of castration and the wish to be impregnated took the form of a denial of the lack of a male organ, active castrative tendencies

<sup>1</sup> More exactly 'the superego formation of a primitive stage', according to Hanns Sachs (Int. J. Ps., X, 1929) who states that a real superego cannot be attained by women without renunciation of the specific oral incorporative wishes.

and phallic activity acted out in boyish behavior directed towards the mother.

The beginning of the pollakiuria during the automobile ride with her brother was contingent on the displacement of the patient by the girl in whom he was interested whose appearance revived the same feelings she had experienced when the little Viennese girl threatened to take her place as the favorite of the family. The patient's fear—which later proved to be a fact—of losing her brother to this girl aroused strong anger and jealousy based on phallic identification and unconscious incest wishes. Both the ride and her observation of the flirtation aroused the patient who had at that time matured physically. It may be supposed that she was overwhelmed by feminine competitive wishes, and the result was that 'the affect was transferred to the accompanying desire to micturate' (Freud [1]). This was however, also a regression to an archaic way of pleasing and asking for attention. Moreover, the urgent need to urinate accompanying the sexual excitement, served as a particular form of defense against the forbidden feminine wish. In a remark on the two functions of the male sexual organ in *The Acquisition of Power over Fire*, Freud (15) reminds us: ' . . . the two acts are incompatible—as incompatible as fire and water . . . we might say that man quenches his own fire with his own water'. The anatomical incompatibility of the two acts in women may be less precise but urination nevertheless can well be understood in another sense as a defense against feminine sexual strivings: it is an act of active elimination, in contrast to passive reception and impregnation.

Her anger too found expression in the impulse to urinate. It is well known that many times an abnormal desire to urinate expresses, besides anxiety, hostile feelings. Anecdotes, observations of children, and transient acute bladder pressure during psychoanalysis disclose fantasies of aggressive soiling.

The wish to be a man was not only to be able to urinate as he does, but in our patient also expressed homosexual feelings which were easily awakened whenever she did not succeed in

a feminine way. Thus the brother's girl aroused in her the unconscious urge to compete with the brother in a masculine way.

In accordance with the repetition compulsion, subsequent erotic fantasies touched off the same mechanism. The situation usually was such that she was forced to expose herself by leaving the social group very unexpectedly, attracting everybody's attention. When in the analysis she was sometimes reluctant to leave the analytic couch to go to the toilet, she lay doubled up in a cramped position, giving an impressive show of painful suffering. There was much 'masochistic deformation of the genital drive' (Rado [16]) in our patient which found expression in the symptom. The numerous 'manifestations of the female castration complex' (Abraham [17]) were clearly present in this case.

That in the beginning during short periods when the pollakiuria did not yet worry her so much she felt nausea and was inclined to vomit, depended on whether unconsciously she fought with vomiting against the oral fantasy or indulged in urinary struggles to defend herself against genital tension. These two attitudes towards the male organ represented two relationships. In accordance with a note of Helene Deutsch (18), the oral fantasy and vomiting were connected with the object libidinal wish for the father, whereas the urinary rivalry, expressing envy, was especially directed towards the brothers. In addition the early impressions and the circumstances of the automobile ride with her brother might explain why not vomiting but pollakiuria became the leading symptom.

The two symptoms, vomiting and pollakiuria, are both expressions of elimination. A third should be added, diarrhoea amounting to slight colitis which occurred, as far as could be observed in the analysis, when the anxiety increased. The outstanding tendency to eliminate was obviously connected with the guilt for taking (the oral fantasy), or in more biological terms, the inhibition of the intaking tendencies led to exaggerated elimination. The dynamics of this conflict as mani-

fested in the father transference in the analysis has been formulated by Alexander (19): 'I cannot accept anything from a person whom I really want to rob'.

A recent organic-urological study by McLellan (20), based upon cystometric observations in different kinds of bladder disturbances, shows in a measurable way the cerebral inhibitory control over the reflex activity of the bladder. Distension of the bladder wall gives rise to the pelvic reflex mechanism, causing contraction of the detrusor muscle and relaxation of the internal sphincter. The reflex activity of the bladder comes with the growth of the cortex under cerebral inhibitory control. McLellan states that 'this cerebral inhibitory function may be lost from purely psychic or emotional states'. In illustration he gives cystometric charts from neurotic enuretics which are characterized by uninhibited rhythmic reflex contractions of the detrusor at low bladder content. 'The desire to void is not that of the normal full bladder but may coincide with the rhythmic contraction of the detrusor and be interpreted as urgency by the patient.'

It is suggested that such an 'emotional' insufficiency of cerebral inhibitory control, resulting in abnormal detrusor activity is the neurophysiological process involved in neurotic pollakiuria. This also would explain why our patient sometimes had to wait; apparently the contraction of the detrusor did not yet cause a relaxation of the external sphincter. Similarly, Schwartz (7) states that neurotic pollakiuria is due to a disturbance in the coördination of detrusor and sphincter muscles and that 'with the increase of culture, the tonus of the detrusor decreases'.<sup>2</sup>

<sup>2</sup> Recently Karl A. Menninger discussed pollakiuria (*Some Observations on the Psychological Factors in Urination and Genito-Urinary Afflictions*. *Psy. Rev.*, XXVIII, 1941). On the basis of interesting clinical data, he stresses the pathological erotization of urination which sometimes serves as an equivalent of masturbation and may have a considerable 'aggressive component'. Mention is made of an actual contracture of the bladder which may presumably develop in cases of psychogenic pollakiuria and, in turn, may anatomically influence the bladder function.



In 1908 Freud (21) mentioned the occurrence of extreme ambition in former enuretics.<sup>3</sup> Sadger (2) later worked out the significance of enuresis, urinary competitive feelings and typical urethral sublimations. He placed emphasis on the disposition in certain families to develop neurotic urethral symptoms. Jones in 1915, (22) stressed the connection between urethral erotism and ambition. An attempt to define an 'urethral character' was made by Coriat in 1924 (23). He showed, however, important similarities to character traits known to develop in connection with oral and anal functions. In the same year Glover (24) and Abraham (25) stated that 'the character trait of ambition is rather of oral origin and later reinforced from other sources, among which the urethral one should be particularly mentioned' (Abraham).

The character development in our case should be formulated somewhat differently. Quite obviously the patient showed an oral regression after a psychic trauma. But it was in particular the regression which caused the feelings of inferiority leading to the envy and ambition predominant in the total personality and emphatically expressed in the attitude towards urination. For the rest the picture of this neurosis appears in many respects similar to what has been described as 'urethral character'. However this concept nowadays is considered as 'an anatomical, nondynamic concept' (Alexander [26]). Ambition simply stood for sublimation of urethral libido. It is exceptional that our patient never suffered from enuresis; yet the main features which Margaret Gerard (27) regularly found in her female enuretics (fear of a destructive aggressor and consequent identification with the active male) were present. That the conflict was so near to consciousness and was already expressed in a urinary symptom, might be considered as a reason why enuresis did not occur. Moreover Christoffel (6) states that if, during sleep, the stimulation of the filled bladder can be satisfactorily

<sup>3</sup> Abraham's statement (25) may be misleading because Freud did not literally 'derive' ambition from urethral erotism.

worked out in dreams, there is no need for bedwetting. As stated, such dreams in this case were not at all rare.

Bladder pressure in the case described by Freud also started at a concert. This may not be a mere coincidence. Van Ophuijsen (28) reported strong urethral erotism in a girl with a high musical development. He stressed the importance to the patient of the sound of urination and was able to trace the influence of the father on the musical as well as on the urethral development.

An intimate relation between hearing and urination was also present in the early development of our patient who in later life chose music as her profession. Although surprising, it would not be impossible that in some cases, perhaps in girls especially, such an exaggerated interest in the urinary function might contribute to a specific valuation of hearing which could be gratified in musical activity. More extensive experience and further investigation may answer this question.

### *Summary:*

The case of a girl of twenty-three, suffering since the age of sixteen from pollakiuria, is reported. The symptom was preceded by a long period of hysterical vomiting which occurred after a fellatio fantasy in childhood. The accompanying 'urinary envy, competition and ambition' were found to have developed as a reaction to an oral regression which resulted from traumatic experiences. The pollakiuria had the significance of an unconscious, aggressive defense against sexual wishes. It occurred when adolescent sexuality became a source of conflict and was determined by a history of extreme urinary rivalry secondary to oral regression. Competitive feelings towards men as well as towards women, but also the wish to give in a positive sense, found unconscious expression in the pollakiuria which permitted as well gratification of exhibitionistic tendencies, although in a masochistic way.

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# A PSYCHOANALYTIC STUDY OF A FRATERNAL TWIN

BY DOUGLASS W. ORR (TOPEKA)

## *Introduction*

Twins have been studied extensively, especially from two points of view: (1) twinning itself, including particularly the physiological and developmental phenomena of twins from conception to death; and (2) heredity versus environment, in which cases of identical twins separated very early in life and reared in widely different environments seem to offer crucial physiological and psychological data. The work of Rosanoff<sup>1</sup> in this field is well known to psychiatrists. The monograph of Newman, Freeman, and Holzinger<sup>2</sup>—a biologist, a psychologist, and a statistician—is representative of the literature on twins prior to 1937, and probably contains everything that biologists and academic psychologists can tell us about twins.

The deeper psychology of twins is still to be studied thoroughly. The psychoanalysis of twins should be of great theoretical value, adding to data already accumulated on the subject of sibling relationships and perhaps to a more complete solution of the problem of heredity versus environment. Ideally, we should have psychoanalytic case studies of identical and fraternal twins of both sexes, including pairs reared together as twins, pairs reared together but without emphasis on their twinship, and pairs separated in early life and reared in dissimilar environments.

The problem of fraternal twins is patently different from that of identical twins. Their origin from separate ova makes them as different, from the point of view of heredity, as any two siblings. Their simultaneous birth, however, creates many of the same situations within the family group as does the

<sup>1</sup> Rosanoff, A. J.: *Manual of Psychiatry*. New York: John Wiley & Sons, Inc., 1938, pp. 258-259, ff.

<sup>2</sup> Newman, H. H., Freeman, Frank N., and Holzinger, Karl J.: *Twins: A Study of Heredity and Environment*. Chicago: University of Chicago Press, 1937.



arrival of identical twins. In many instances, too, fraternal twins are reared *as twins*, especially when they are of the same sex: i.e., they are dressed alike, given identical toys, and in all respects dealt with in ways which tend to emphasize their accidental twinship and overlook their hereditary differences.

This report deals with the analysis of one of male fraternal twins reared together and closely associated until college days. We might assume *a priori* that such a study would shed light on some aspects of the following problems: (1) sibling relationships in siblings who happen to be born at the same time; (2) twin psychology in so far as rearing (as opposed to heredity) influences this psychology, and (3) possible psychological complications resulting from rearing *as twins*, siblings of different heredity. We cannot hope, however, to clarify all aspects of these problems from the analysis of a single case, nor must we attribute all of a given twin's psychological peculiarities to the fact that he is a twin since many of the vicissitudes of heredity, birth and development will operate independently of or in interaction with the accident of twinship.

### *Previous Psychoanalytic Studies of Twins*

The published material on the psychoanalysis of twins is limited. In 1935 Grotjahn reviewed the existing literature and cited psychoanalytic observations by Hartmann<sup>3</sup> and Cronin<sup>4</sup>. Steinfeld<sup>5</sup> read a paper on twins at a meeting of the Chicago Psychoanalytic Society in 1939, but this has not been published. Knight and W. C. Menninger also have unpublished material on twins.

Hartmann stresses the importance of studying twins in an effort to evaluate the relative importance of inherited and environmentally conditioned factors in personality development. He observed ten pairs of identical twins of whom

<sup>3</sup> Hartmann, Heinz: *Psychiatrische Zwillingsprobleme*. Jahrb. f. Psych. u. Neur. Vol. L and LI.

<sup>4</sup> Cronin, Herbert J.: *An Analysis of the Neuroses of Identical Twins*. *Psychoanal. Rev.*, XX, 1933, pp. 375-387.

<sup>5</sup> Steinfeld, Julius. Unpublished paper kindly lent to writer of this article.

three pairs became psychotic, one pair proved to be imbecilic, and the remaining pairs were 'normal'. Evidence of infantile neuroses was discovered in all of the so called healthy twins but these, says the author, were not necessarily connected with their twinship, and indeed were distinguished by their dissimilarities. He states further that the anal-erotic character traits of twins are especially dissimilar.

Cronin describes the analysis of young adult male identical twins who came to analysis because of the threatened loss of their common love object, who was the wife of one and the mistress of the other. They had been reared as twins until in college they grew tired of their twinship and deliberately set out on different paths. Despite their identity and similar upbringing, one twin became happy, optimistic, and psychosexually mature enough to marry and get along until he became involved in the acting out of the other, while the second became sad, pessimistic and somewhat depressed, remaining psychosexually immature, unmarried, with a tendency to form incestuous attachments. The first twin became involved when his wife seduced the second and then forced them to set up a triangular household in which she decided each night with which one she would sleep. The twins came to analysis when she made up her mind to leave them both; but she also came to analysis, and after about two years all three were much better adjusted.

Cronin is convinced that for this pair 'twinship was a distinct handicap . . . and from it arose the intrapsychic conflicts precipitating the situations that led up to their neuroses'. He found strong feelings of inferiority in both, primarily due to their twinship: both resented the attention it brought and the hampering of all independent initiative. They felt themselves 'equal parts of a divided unit' and as a solution developed a singleness of purpose, behavior, and outlook which, however, they later resented. Cronin found little rivalry for the mother's love, but discovered in the immature twin a divided love pattern with erotic feelings going out toward seductive, servant girl images and filial feelings going

out toward mother images. Their homosexual strivings were satisfied through the medium of the common love object, and in the tricornered domestic situation. Twin rivalry was not conspicuous, but in the less mature twin there was a strong need to prove himself and to establish his equality with the other.

Steinfeld has analyzed one each of two sets of female fraternal twins, one nineteen and the other thirty-one years of age. In the first case there was marked ambivalence toward the twin. She said: 'I feel that we are like one organism; I do not feel that I am an individual myself. I cannot stand her leaving me, but when she comes back I hate her and then blame myself for doing so.' The second patient thought of herself as a 'complement' of her twin with whom she had 'formerly been of one body'. In the case of both there were strong feelings of jealousy. One had a dream which was interpreted as a dream of rebirth as the 'only one' but filled with anxiety concerning the fate of the twin. It is interesting that both of these patients had hyperthyroidism as one of the presenting symptoms; the younger patient produced primal scene memories with anxiety lest her mother be suffocated, while the other spoke of her twin as someone who disturbs her (perhaps suffocates her?) throughout life. The subject described in the present paper, who was cyanotic at birth with the umbilical cord around his neck, was likewise treated for hyperthyroidism during adolescence, and produced many references to suffocation as well as developing symptoms of chest and neck constriction during moments of anxiety in the analysis. It might be interesting to speculate whether such sensations are evidence of some very early anxiety connected with intra-uterine and birth disturbances, or whether they are predominantly a physical expression of repressed hostilities due in part to the 'suffocating' effects upon the personality of being a twin.

In summarizing his observations, Steinfeld stresses the fight for identity and the intense rivalry in twins. He believes that sibling rivalry in twins arises earlier and is more intense, that

it leads to stronger reaction formations, and that it involves two individuals who identify themselves with each other and still try to maintain their own identity. Jealousy, he believes, exists almost from birth, and is so intense as to be morbid; the rivalry engendered by it is the keystone of the neurotic structure. Ambivalence is very prominent because of the balance of factors which push the one toward, and at the same time pull him away from the other twin. Steinfeld feels that there is no security for a twin in a homosexual adjustment, and that the tendency is for them to develop a severe compulsion or anxiety neurosis.

Knight's patient was one of identical twins in whom the need to recreate a twin relationship was likewise prominent.<sup>6</sup> When alone, this patient felt incomplete; he was never comfortable in meeting new persons until his twin also had met them. Knight has stressed too the crippling effects on ego development of always being confronted by a mirror image of oneself and of the unceasing reminders from the environment that one is thought of almost entirely in connection with this mirror image.

### *Summary of Psychiatric and Psychoanalytic Data*

Professional discretion dictates that this material be limited and abstract. The patient is a male fraternal twin in early middle life, hospitalized 'as a last resort' after many years of acute maladjustment which included marital and business failure and addiction to alcohol and barbiturate sedatives. He has recently passed the three hundredth hour of analysis.

The family configuration of this patient resembles in many respects that described by Knight<sup>7</sup> in his studies of male alcohol addicts. The father was self-made, aggressive, successful and domineering; the mother, ineffectual, often indulgent, and quite neurotic. Siblings included, a brother, twenty-one months older than the patient; the twin, born five

<sup>6</sup> Knight, Robert P.: Personal communication.

<sup>7</sup> Knight, Robert P.: *The Dynamics and Treatment of Chronic Alcohol Addiction*. Bull. of The Menninger Clinic, I, 1936-1937, pp. 233-250.



minutes after the patient; and a brother, born when the twins were three and a half, who died in infancy when the twins were nearly five. It is of considerable importance that the parents strongly wished for a girl both when the twins were born and again when the last child was born.

Except for several upper respiratory tract diseases and appendicitis complicated by peritonitis, the patient's childhood was considered uneventful. He is described as having been 'a confident, loving, happy child, perhaps a little sentimental, and easier to handle than his twin' who was given to violent temper tantrums. Growth and development varied in the twins, and in general the patient lagged behind; the twin reached puberty first and seems generally to have been the dominant one of the pair. In later life, when the twins joined their father and elder brother in the family business, the rôles were somewhat reversed, the patient becoming more active and successful. The acute maladjustment followed two events which occurred at about the same time: his marriage and his attempt to work independently of the family firm but in the same business.

The patient came to analysis with superficial insight into psychological mechanisms and with a desire to change. His initial attitudes, both in analysis and in the sanitarium, were marked by friendliness, passivity, and dependence. Stimulated partly by reading and by conversation with other analytic patients, he was able to bring in a wealth of homoerotic material, both dreams and memories of adolescent experiences, against which he defended himself by joking and kidding. At the same time there was at first a considerable amount of oral incorporative and oral sadistic acting out.

As is the case with many addict personalities, this analysis was concerned with the patient's passive, unconscious homoerotic adjustment with respect to masculine competitors and with the divided heteroerotic object—'sacred versus profane, love'—described by Freud many years ago.<sup>8</sup> The patient's

<sup>8</sup> Freud: Coll. Papers, IV, chapters XI and XII.

hostilities toward both sexes were considerable, so that many defenses had to be analyzed. Throughout his analysis, the patient tended for the most part either to act out (especially when taking alcohol or drugs) both active and passive aggressive demands or else to reestablish himself in a 'family situation' where he could find a 'twin' and also become the nice, passive preödipal child of his 'parents'.

The twin material may be given in somewhat greater detail. The patient soon became aware of his tendency to mimic people, especially men, and then of his unceasing attempt to 'find a twin' in any new situation. He verbalized feelings of inferiority towards his own twin who was the first to mature sexually and who was 'born with all the cock for both of us'. He was very passive towards sanitarium twin and father figures, and he joked about being 'a kept woman'. He realized his reluctance to discuss his twin in analysis, but had a series of dreams indicating a need to be like his twin and also his intense rivalry. In two episodes involving rivalry with his sanitarium 'twin' the patient defended himself against intense hostility in one instance by fantasies of fainting, in the other by getting drunk.

Shortly after the second of these episodes, the patient recalled posing with his twin for a photograph. The twin had a temper tantrum, and was given his father's watch to hold. When asked what *he* was given, the patient said: 'I, of course, had nothing'. Analysis of this 'of course' was productive of considerable material concerning feelings of inferiority, jealousy, and hostility in many competitive situations with the twin and twin surrogates.

Using various twin substitutes, the patient acted out his rivalry and competitiveness in relationship to both father and mother images. In the analysis, the patient first acted out, then learned to express directly his hostile transference. After he was able to recognize his anxiety because of expected retaliation for these hostilities, a new aspect of the twin relationship appeared. In this the patient apparently reached a turning point in his analysis.

The patient remarked at this time that he did not wish to be like anyone else; he wished to be an individual. He recalled again that he and his twin were not permitted to fight; their mother, especially, compelled them to suppress their rivalry. Nevertheless, there were competitive sports and in these he was often superior, especially in competition for team positions. He was not always happy at beating his twin however. He recalled being furious at coaches who put him into first team positions, sending the twin to the second team. This, and similar material, revealed that the patient felt as much anxiety in excelling his twin as he felt hostility at the twin's excelling him.

Two sides to the coin of twin rivalry thus became apparent: if the twin excelled and was preferred, the patient felt rejected and became hostile towards the twin as well as towards those who showed this preference; but if the patient excelled, he felt anxious lest his twin hate him with the same intensity he felt in the reverse situation. This dilemma could be solved only if neither excelled or was preferred; that is, if the patient were as much like his twin as possible. A premium was thus placed upon their being 'identical'; but such a twin adjustment could be maintained only by sacrificing individuality and development as a separate personality. Confirmation of this came in a dream in which the patient deliberately delayed the progress of a bus in which he was riding until a twin figure, who was walking behind, could catch up with him.

After this the patient spoke again of his early childhood, and recalled that both twins were dressed and treated like girls until the age of three or four. He spoke of having an appendectomy followed by peritonitis at the age of seven and then, after recovery, going on a trip with his father, the twin remaining at home. Following this period of analysis the patient developed a mild agoraphobia which was related both to various derivatives of castration anxiety and to his attempt to detach himself from all twin adjustments. He felt very much 'out of the nest', especially after moving out of the sanitarium, but was able to work through many anxieties without utilizing the

old patterns of acting out through the use of alcohol or sedatives. Both heteroerotic and other interpersonal relationships were greatly improved, and the patient has been able to hold a job as assistant to a business executive.

### *The Psychology of a Fraternal Twin*

For the purposes of this paper, the following reconstruction of the patient's analysis illuminates the material related to his twinship. In this we do not overlook the fact that his maladjustment was the product of multiple factors among which, however, twinship was one of the most important. In focusing attention upon twinship as it affected the patient's total personality and his maladjustment, moreover, we are content to see broad outlines.

Reviewing the psychiatric history we recall that the patient and his twin were born two years after the birth of another male child and at a time when the parents desired a girl. As a fraternal twin, the patient was presumably unique in his inherited patterns; nevertheless, he was reared as a twin; the two were dressed alike, treated alike, and generally kept together. Only in late adolescence did he make sporadic attempts to assert his individuality.

From the analytic material we have learned that there were intense feelings of rivalry with the twin, characterized by jealousy and hostilities which, however, had to be repressed. The patient developed deep-seated feelings of inferiority, and the conviction that his twin was preferred. He became passive in the twin relationship, and quite dependent; nevertheless he developed such a degree of security in this relationship that, in later life, he always attempted to reestablish it. In the face of severe conflicts between forces calling forth his individuality and other forces cementing his twinship, and between drives to remain passive and other drives to assert aggressive masculinity, the patient compromised by developing a generally dependent, unconsciously homosexual personality with many obvious passive and sadistic oral traits.

The analysis revealed a number of conflicts which seem to be



fundamental to this patient's maladjustment and which were directly related to twinship. One of these arose from his status as a fraternal twin, and affected the whole course of ego development. This may be phrased as follows: 'Am I an individual (as heredity dictates) or am I only half an individual (as the environment dictates)?' We have seen that there were individual differences, and that the patient attempted in adolescence to exploit them; but having been reared as a twin he became so relatively secure in this adjustment that in all situations he mimicked others, had to be like his 'twin surrogates', and found himself ever returning to his twinship in one guise or another. This conflict was never completely solved, and along with other conflicts tended to drive him back into a passive, oral family dependence and a sort of pregenital homosexuality.

Superimposed upon this situation, however, was another. The parents had wanted a girl, and they proceeded to treat the twins as girls until they were three or four years of age. The patient was especially affected by this, perhaps because he soon learned to exploit it, and was singled out by his grandmother as the one who 'ought to have been a girl' and by the rest of the family as the one to whom to give a girl's nickname. A second fundamental conflict then arose: 'Am I a boy or am I a girl?' or, perhaps, 'Is it more to my advantage to be like a girl or to be like a boy?' From the point of view of the patient's twinship, this second conflict is adventitious; and yet it was within this twin relationship that the drama of this conflict was experienced and acted out.

Whether partly because of heredity, or entirely because of environmental influences, the patient became the more passive, more girlish of the twins. Instead of emulating his twin's temper tantrums, the patient became 'the good little boy' of the two. The blessings of this outcome were not unmixed, however, since while increased parental (especially maternal) approbation appeared on the positive side of the ledger, there appeared on the other side, feelings of weakness and of inferiority. Besides, any marks of favor for the one were almost

certain to arouse feelings of hostility in the other. The questions that then appeared were: 'What happens if I excel my twin?' and 'What happens when my twin excels me?' From this arose another fundamental conflict closely related to the others: 'Is it more advantageous to be "identical" with my twin, or to be quite unlike him?'

This last was perhaps the predominant 'twin theme' of this patient's analysis. Time and time again he attempted to reestablish a twin relationship, often within the framework of a recreated family situation. Towards parental figures, the patient vacillated between being the submissive, passive 'good boy' and especially when drunk, being the active, excessively masculine son of his father. In the twin relationship, however, the patient always tended to mimic his 'twin', and to be as friendly with him as possible. The formula has apparently been this: 'If *he* excels or is preferred, I become angry; if I excel or am preferred, he will become equally angry towards me; therefore, it is better to be identical'.

This conflict of identity or difference with respect to the twin comes into a close relationship with the basic love and aggressive tendencies of the patient. As it worked itself out, the patient found himself in much this situation: 'To win love from my parents, I must often be different from my twin; but to win love from him, and especially to avoid hostility (both his and mine), I must be like him'. This was all the more the case because the twins were not permitted to fight and hostilities had to be suppressed. There was, however, one type of adjustment that worked fairly well: by acting out the 'good boy' rôle, by being passive and somewhat feminine, the patient was able to win the approbation of the parents and also of the twin. Even though it meant renunciation of any rewards of successful competition with the twin, the patient was thus able to reduce hostilities to a minimum—both his and the twin's. This adjustment was necessarily precarious, however, in that many sacrifices had to be made, much hostility inhibited, and many feelings of inferiority endured. It is not to be wondered that the patient was unable to carry this adjustment over into adult life and into marriage.

There are other aspects of this patient's personality that may well be related to his twinship. Outstanding among these is the predominantly passive and sadistic oral character of the patient seen pathologically in his addictions. Being a twin meant oral deprivations from birth; and in this connection the patient quoted another twin in his neighborhood as shouting, when teased about his size: 'Yeah, but we had only one tit to suck on, and you had two'. Likewise the patient's deeply rooted hostility towards women and his tacit expectation of treachery from them, may well have had its roots in his mother's 'treachery' of having two children at the same time. Certainly there was a strong desire in the patient to be 'the only one' in relationships with girls or women. Gregariousness is another outstanding trait of this patient; he hates to be alone and, as we have seen, he passed through an agoraphobic phase in analysis.

Both the patient's castration complex and his agoraphobia are apparently related to his twinship. As a twin he was 'incomplete' from the beginning, and for him castration means the inevitable mutilation of his personality, especially since he was reared as a twin and in early childhood as a girl. In attempting to win independence through analysis, the patient finds himself lonely and anxious. His agoraphobia reflects his uncertainty in facing the world without a twin or without parental support. More important than the hostilities implied in the patient's death fantasies about analyst, parents and twin was the anxious query: 'What will happen if I am left alone?'

In terms of the *a priori* assumptions suggested at the beginning of this paper, a few closing remarks on twin psychology may be justified. Twinship creates an unusual sibling relationship in which the familiar loves, hates, and other feelings seem to be greatly intensified. In the patient described, there was a strong psychological drive to be like the twin, but this came into conflict with inherited differences and with other needs to assert his individuality. Although born with a unique hereditary pattern, the inevitable difficulties created by his simultaneous arrival with another sibling were accentuated by the persistence of the familial and larger environment in rear-

ing him as a twin so that in effect he could hardly call his ego his own. There ensued a struggle to obtain love in part by acting the twin, but in part by being different; and there was a concomitant struggle to avoid hostility in the same ways. It is thus apparent that rearing these two individuals of unlike heredity as twins was for our patient, at least, much more detrimental than their fraternal twinship made inevitable. Many of this patient's conflicts might have been avoided had the twins' samenesses been minimized and their differences emphasized.

### *Summary and Conclusions*

This paper summarizes the analysis of a male fraternal twin. The outstanding psychological peculiarities connected with the patient's twinship were the following: (1) a struggle between his unique inherited potentialities and an environment that accentuated his twinship; (2) a closely related conflict (not necessarily related to inherited differences however) between individuality (separate ego) and fusion with the twin (joint ego); (3) a secondary struggle, arising from the first two sets of conflicts, to obtain love and approval from the parents, at times by conforming to the twinship pattern, but at other times by being different from the twin; and (4) another secondary struggle to avoid the anxiety arising from his own hostilities in case the twin excelled and was preferred, or arising from the twin's hostilities in case he (the patient) excelled and was preferred, anxieties that could best be avoided if the patient became as much like his twin as possible.



# ON: 'THE ATTITUDE OF NEUROLOGISTS, PSYCHIATRISTS AND PSYCHOLOGISTS TOWARDS PSYCHOANALYSIS'

BY K. R. EISSLER (CHICAGO)

Dr. Myerson undertook the laborious task of sending four hundred and twenty-eight questionnaires to psychologists, neurologists, psychiatrists and psychoanalysts in order to check the remark of a psychoanalyst 'that practically all informed scientists accept psychoanalysis'.<sup>1</sup> It will surprise no one to state at the onset that the conclusion reached is that the contention of the psychoanalyst was wrong. The investigator need not have gone to the trouble of making so many inquiries to prove this point since as an informed scientist he does not accept psychoanalysis.

Dr. Myerson's undertaking nevertheless is of some importance, and it is to be hoped that the full answers to the questionnaire will be completely published or at least preserved for the future historian of psychoanalysis. Assuming that psychoanalysis is the first scientific approach to the total human personality—previously this domain was accessible principally to the intuition of artists—this is an opportunity to study the reaction of a group to science conquering a new field.

Since Myerson devotes much of the article to his own opinion of psychoanalysis, a report of his statistics will be followed by a discussion of his arguments against psychoanalysis.

Each recipient of a questionnaire was asked to classify himself in one of the following groups:

1. Those individuals who completely accept psychoanalysis. (In a second questionnaire the term 'completely' was modified.)

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This article is a condensation of Dr. Eissler's original, unpublished manuscript.

<sup>1</sup> Myerson, Abraham: *The Attitude of Neurologists, Psychiatrists and Psychologists Towards Psychoanalysis*. Am. J. of Psychiat., XCVI, 1939, pp. 623-641.

II. Those who feel very favorably inclined towards it, but do not wholly accept it and are, to a certain extent, sceptical.

III. Those who, in the main, tend to reject its tenets but feel that Freud has contributed indirectly to human understanding.

IV. Those who feel that his work has, on the whole, hindered the progress of the understanding of the mental diseases and the neuroses and reject him entirely.

The author and most of the recipients agreed that the questions were hard to answer since the categories of the classification are somewhat vague and do not correspond to real attitudes. Smith Ely Jelliffe's candid response was: 'Questionnaires of this type do not mean much to me. I think they are usually very stupid'. Three hundred and seven replies, however, were received, and if the few answers quoted by the author are representative of the average, the questionnaire was taken seriously and the recipients tried to define their attitudes regarding psychoanalysis. The following table summarizes the statistical results. It is noteworthy that five members of the American Psychoanalytic Association were 'sceptical or non-committal'.

Dr. Myerson classifies himself 'mainly in group three with a flow towards group two and an equal flow towards group four'.

The negative attitude towards psychoanalysis increases as one proceeds towards those who have less contact with Freud's original subjects of investigation, i.e., neurotics and psychotics. Members of the American Psychiatric Association surely are more interested in and have more opportunity to study the dynamics of mental diseases than members of the Neurological Association; the latter in turn more so than psychologists and physiologists. This difference in interest and opportunity is paralleled by a difference of appreciation or rejection of psychoanalysis. Whereas no member of the American Psychiatric Association completely rejects psychoanalysis, five per cent of the members of the Neurological Association and eighteen per cent of psychologists and physiologists belong to group IV.

	I	I-II	II	II-III	III	III-IV	IV	?	Total	Col.1-3 posit.	Col.4-7 negative to psychoanalys.
	1	2	3	4	5	6	7	8	9		
Am. Neurol. Association	5 7%	8 11%	23 31%	4 5%	25 33%	3 4%	4 5%	3 4%	75 100%	36 48%	36 48%
Am. Psychia- tric Assn.	25 14%	15 9%	54 30%	32 18%	39 22%	8 4%	0 0%	6 3%	179 100%	94 53%	79 44%
Am. Psycho- analyt. Assn.	16 57%	4 14%	3 11%	0 0%	0 0%	0 0%	0 0%	5 18%	28 100%	..	..
Am. Psychol. Assn. & Physiologists	2 8%	0 0%	5 20%	6 24%	7 28%	3 12%	2 8%	0 0%	25 100%	7 28%	18 72%
									307 100%	137 49%	133 47%

The horizontal columns show the distribution of the recipients among the classified groups. Vertical columns indicate the classified groups. The last two vertical columns show the distribution of recipients with positive attitudes to psychoanalysis: groups I, I-II, II; and of the recipients with negative attitudes: groups II-III, III, III-IV, IV. The members of the Psychoanalytic Association are not included in these two columns.<sup>2</sup>

<sup>2</sup> Compilation of the table, and computation of the percentages and the figures in the last two columns are by the writer of this paper.

The last two vertical columns of the table demonstrate the same trend in these groups.

A 'very well known neurologist, who does not wish to be quoted by name' writes: 'All doctors in all institutions for the care of the insane that I have been in touch with in the United States were so saturated with the freudian concept that real investigation of mental diseases was almost entirely excluded'. If this be true it should demonstrate that among psychiatrists there is a select group, namely those who spend their time exclusively in close contact with mentally diseased patients, that accepts psychoanalysis with many fewer reservations than Myerson's figures from selected members of the American Psychiatric Association would indicate. This reminds one that in the early days of psychoanalysis it was the staff of Switzerland's famous state hospital, Burghoelzli, under the leadership of Bleuler, which first opened its door to psychoanalysis. Although the 'evil spirit' of psychoanalysis has since been driven out of Burghoelzli, it was nevertheless the psychiatrists of a state hospital who were the first to confirm Freud's findings.

A second point of great significance would have been revealed by a correlation between age distribution and group classification. The names of eighteen are given; hence their ages can be established. Of fourteen falling in groups I and II, three had not yet been born when Freud published his first psychoanalytic paper in 1893, and seven were between the ages of four and twelve. The ages of the four who completely reject psychoanalysis ranged at that time between seventeen and thirty-five. Of course, the number is too small to draw any general conclusion and obviously the factor of age alone does not explain acceptance and rejection of psychoanalysis in the individual case. It is nevertheless very regrettable that the author did not publish the age distribution of his informants since this might well have served partly to explain the strange fact that 'informed scientists' are approximately evenly divided between acceptance and rejection of one and the same science.

The sole conclusion that Myerson draws from the answers to his questionnaire is 'that as a therapeutic system, psycho-



analysis has failed to prove its worth . . . it has not conquered the field as is the case with any other successful therapeutic approach. . . .' (p. 640).

It is appropriate here to quote a passage from Freud's autobiography in which he expressed the opinion he held on the future of his discoveries before the scientific world took notice of him: 'I imagined the future somewhat as follows: I should probably succeed in sustaining myself by means of the therapeutic success of the new method, but science would ignore me entirely during my lifetime. Some decades later, someone else would infallibly come upon the same things—for which the time was not yet ripe—would achieve recognition for them and bring me to honour as a forerunner whose failure had been inevitable'.<sup>3</sup>

Myerson uses the important data he collected as a point of departure for a severe attack on psychoanalysis. His arguments with few exceptions are not original. The psychiatric and psychoanalytic literature contains refutations of most of them.

For purposes of discussion the author's polemic is condensed to ten assertions. In the following paragraphs I will try to disprove the author's contentions by referring as much as possible to experimental facts which were not established by the application of the psychoanalytic technique *per se* whose validity is denied by the author. This mode of procedure should prove that attacks against psychoanalysis such as that of the author are unwarranted, if *all* those empirical facts which can be established without psychoanalysis proper are taken into account. Of course, the entire body of Freud's findings cannot be presented in this way.

### *On the Nonexistence of the Unconscious*

The author does not frankly deny the existence of the unconscious, but his opinion about it is tantamount to a denial of it. He writes: 'To me, the unconscious is the sum total of those drives, instincts and activities which the viscera would natu-

<sup>3</sup> Freud: Coll. Papers, I. p. 304.

rally bring into action' (p. 637). This might correspond to a part of the unconscious, the id, and comes close to Freud's definition of one aspect of the id. Closer examination of this definition, however, reveals some ambiguity and vagueness. What is the significance of 'naturally' and what does the author wish to convey by the term 'activities'? That part of the id which originates from repression is rejected: 'I do not believe the unconscious is an organized personality [neither does psychoanalysis] or is a place where complexes, forgotten experiences, so to speak, roam around looking for chances to express themselves . . . in neuroses, dreams. The social structure, through the forebrain, tries to limit . . . the activities, let us say, of the male genitalia. . . . The struggle between the visceral drives and the forebrain and society . . . can easily be brought into consciousness and, in fact, is a component of the consciousness, whether acknowledged or not' (p. 637).

Here is a confusing mixture of anatomy, sociology, physiology and psychology, that makes it difficult to understand what the author really means. What he seems to say is that the visceral drives are unconscious, the forebrain is conscious, and the struggle between both can easily be brought into consciousness. Consciousness by definition means only awareness of thoughts, feelings, ideas, emotions. It does not mean forebrain. But let us accept this bad terminology for a moment. Either something is conscious or unconscious. Whatever is *unconscious* the individual is not aware of. A concealed struggle which is 'a component of consciousness, whether acknowledged or not' is a monstrosity and leads to the contradiction of an 'unconscious conscious' or a total denial of the unconscious.

Freud based his conception of the unconscious on experimental facts such as Bernheim's posthypnotic experiment and on facts easily checked in the treatment of neurotics. Moreover it is a fact that the overwhelming majority of people do not remember the first phase of their development. It is also a fact that those recollections are not destroyed. Every psychiatrist, whether psychoanalytically trained or not, knows that old people frequently recall early experiences which previously

had not reached consciousness. Schilder proved that experiences during deep postepileptic twilight states can be recovered in hypnosis. Both of these examples prove Freud's basic contention that nothing psychic perishes. Bernheim's simple experiment and Schilder's clinical findings are scientific proof that forgotten experiences are psychic structures which, like drives, are part of an *unconscious*.

### *On the Nonexistence of Infantile Sexuality*

Many have tried to prove by behavioristic methods of investigation that the period of childhood is devoid of sexuality and have attacked Freud's definition of sexuality. Dr. Myerson is ambiguous in his discussion of infantile sexuality. He does not state, as others do, that there is no infantile sexuality. He writes: 'The doctrine of infantile sexuality is completely against the facts of patent type. There are no sexual acts corresponding to the postulated sexual attitudes' (p. 638). Does he mean that sexual acts occur in infancy, but not those acts to be anticipated from Freud's conception of infancy? Does he mean that infantile sexuality is not patent—but hidden? His statement that the infant's urine contains no hormones rather indicates that he believes sexuality is absent in infancy.

The discovery of infantile sexuality by Freud followed from the application of the psychoanalytic technique to neurotic patients. The entire body of direct observations on children made by analysts and nonanalysts (the first large-scaled report on the subject can be found in the *American Journal of Psychology* of 1902, obviously independent of and uninfluenced by Freud) apparently is rejected by Myerson who holds from his own experience that children manifest no sexual behavior. This situation is, indeed, a great scientific dilemma, since here is no disagreement about theories but about facts. According to the author's statistics forty-nine per cent of informed scientists believe that children have sexuality, and forty-seven per cent deny that the assertion is based on fact. This prompts the question of how the 'patent facts' about infancy are obtained.

The infant in Western civilization is subjected to a process aimed at prohibiting instinctual expression. Surely it is no exaggeration to say that the observer of the infant perceives educational activity, but not the genuine activity of the infant. There are no 'patent facts' of infancy. And the more a child is allowed to develop unmolested by education, the more apparent are those 'postulated sexual attitudes'. Any social worker in a slum neighborhood will attest to this. It is to be hoped that Dr. Myerson is not a victim of the fallacy frequently encountered among child psychologists who refute Freud's concept of childhood by proving that the male child almost never kills his father nor marries his mother.

The only patent fact supplied by the author is the small amount of hormones in the child's urine. The selection of such an argument seems typical of the author's approach to the human personality. The first objection to such a procedure is that biological facts as such do not permit speculation about personality. If this were possible we would not need psychology, i.e., direct observation of the infant. Physiology, histology and chemistry give no understanding of the psyche. Biological facts may make psychological assumptions more or less probable, but they never prove or disprove them. Endocrinologists are very cautious about making general inferences from isolated observations. Furthermore no supplementary meaning can be attached to this fact since castrates exhibit sexuality. The kidney threshold may play an important rôle, and calves have a low hormonal excretion in spite of active glands. If the author is entitled to draw any conclusion in this respect, it is that the infant's sexuality is different from that of the adult which is exactly what Freud holds. I believe that if the infant's urine contained the same or approximately the same amount of hormones as the adult's, this could be used as an argument against Freud who asserts that the infant never reaches psychologically adult sexuality in childhood. The author's endocrinological argument is directed against someone who has said that children reach sexual maturity before puberty.



Although biology does not furnish succinct answers to the problem of infantile sexuality, the following four points support the facts independently discovered by psychoanalysis: (a) the genital organs show a continual growth until about the age of six; this is followed by a period of loss of weight or arrest of growth, roughly coinciding with the latency period; (b) R. E. Scammon's relative velocity ratios show that the velocity of growth of body and genital system, though differing numerically, increase and decrease at the same time; (c) the ratio of life duration to age of sexual maturity in animals, if applied to man, would make the age of five the starting point of sexual maturity; (d) Bolk, in his studies on the origin of man, concludes that the predecessors of man were sexually mature at the age of five.

*On the Invalidity of Findings Established by the Technique of Free Associations*

With this argument the author attacks the core of psychoanalysis as a method of psychological research. Of the numerous arguments which might be raised against the technique of free associations, the author chose one to which validity can scarcely be ascribed. 'I submit that you can take ten words of a time-table and get at any hidden struggle of the individual and reach as many mental situations and complexes as you can by the words of the dream' (p. 638). Jung's association experiments prove definitely that only certain words lead to the disclosure of complexes and not, as the author asserts, any random word. Let us suppose, however, that the author is right in stating that a patient gives the same associations to ten words picked at random from a time table as to the manifest content of a dream. This would indicate that the technique of free association is more extensively applicable than it has hitherto been known to be. It does not seem reasonable that this assumption should lead a scientist to the rejection of the technique *per se*, since by his very statement the author states that free associations lead to the disclosure of 'hidden struggle . . . and complexes' and obviously contradicts his

aforementioned assertion that 'complexes . . . [do not] roam around looking for chances to express themselves'. A patient so under the domination of a conflict that he spilled his problems in associations to whatever stimulus, would be either in an acute psychosis or have an organic disease, probably of the central nervous system. For the information of those who are inexperienced, let it be stated that the free associations to a certain percentage of dreams are different from other associations in so far as more emotions of the patient are attached to them, and they contribute more to the explanation of the patient's symptoms than other associations. Nearly every investigator of the topic of dreams (Myerson excepted) has concluded that the dream is a psychic structure different from other structures of the normal psyche.

Freud's technique of free association and his conception of the laws underlying this process are not a foreign body in the development of psychology, but a logical link between the old psychology of associations and modern psychology. Whereas modern psychologists usually reject the psychology of the eighteenth and nineteenth century *in toto*, Freud succeeded in synthesizing the early psychological theories with modern discoveries into a new system of the total personality. It is almost always overlooked that Freud rescued the work of those great philosophers who laid the foundations of present day psychology; that he was not only a great revolutionary, but a great conserver in psychology. Anyone who 'reject[s] entirely the so-called free association technique' (p. 638) is ignorant of the very basis upon which psychology of the last three hundred years has rested.

That 'the patent content of the dream has nothing to do with what is called its latent content' (p. 638) is disproved by an experiment of O. Poetzl who exposed tachystoscopic pictures to subjects and demonstrated that that part of the picture which was not consciously perceived by the subject entered the manifest dream. This experiment objectively confirms Freud's statement as to the rôle of the recent and indifferent in the manifest dream. One does not have to accept the psycho-

analytic method of investigation to be convinced by Poetzel's ingenious experiment. It is remarkable that Freud's findings are so frequently confirmed by experiment.

*On the Invalidity of Psychoanalytic Findings Due to the Factor of Transference*

Psychoanalysis is also discredited because of differences in the patient's associations according to the sex and appearance of the psychoanalyst. The patient's associations, Myerson says, are conditioned by the sex and age of the analyst. If this had escaped Freud's attention, he would have been unaware of the basic laws of science. It is well known that many measuring instruments change the object measured, e.g., the thermometer changes the temperature of the object. The scientist solves this predicament by constructing an instrument which decreases the change to a minimum and furthermore, he works out a formula to correct the error. Freud, who spent many years in laboratories before starting psychotherapy, knew about this basic fact of research. He wrote innumerable pages about what he called transference, and worked out a method of avoiding detrimental consequences of it in psychological research.

If a scientist recognizes that a certain factor disturbs the correctness of his results, and devises an additional method for rendering this factor innocuous, a critic cannot quote the disturbing factor as proof of the nullity of the method without presenting any evidence for the unreliability of the correction. Dr. Myerson, however, does exactly this by pointing out that the analyst's personality conditions free associations but without discussing Freud's technique of coping with the transference.

*On the Arbitrary Selection of Symbols*

Dr. Myerson asserts that Freud's concept of symbolism is without the slightest proof and impresses him as 'an exercise in ingenuity'. Again the author's statement does not indicate whether he rejects Freud's belief that thinking in symbols is a part of human psychology or whether he confines his argument

to what he calls Freud's 'arbitrary selection'. The knowledge that symbolism plays an important part in our social institutions, customs, and thinking is by no means confined to psychoanalysis. It is easy to quote numerous religious symbols whose meaning is completely unknown to the faithful. To offer behavioristic proof of sexual symbols operating in dreams is more difficult. Dr. Myerson has taken strong exception to this contention of psychoanalysis, offering the rather strange argument that the universality of 'straight things, round things, enclosed things' makes it impossible for them to be symbols. On the basis of this fact alone one might more easily draw the opposite conclusion.

Without drawing on experiences acquired in psychoanalytic treatment, let us refer to Schroetter's study of experimental dreams in hypnosis and Betlheim and Hartmann's study of Korsakoff psychoses. Schroetter requested hypnotized subjects to dream about immoral sexual topics, and the subjects reported dreams full of 'freudian' symbols. Betlheim and Hartmann told patients suffering from Korsakoff's psychosis stories of gross sexual content. When asked to repeat the story, the patients replaced the distasteful sections by 'freudian' symbols. Hypnotized subjects are in a condition comparable to a state of normal sleep. The capacity for symbolizing is no stronger in patients presenting Korsakoff's psychosis than in the normal. Both experiments are valid proofs that Freud's concept of symbols is correct. They do not prove anything about frequency and importance of symbols in normal psychic life, but this question is not discussed. Myerson continues his polemic by stating: 'Vigorous objects, like bulls and horses, can be symbols for everything under the sun, as well as the father'. They can be, but are they? If he means that different psychologies can be postulated like different geometries, each based on a different set of axioms, he is correct; but only one of those psychologies will correspond to reality as only one of innumerable imaginable geometries enables mankind to build bridges.



*On the Identity of Methods of Investigating Physical and Psychic Matters*

The conviction of psychoanalysts that 'informed scientists' may reject psychoanalysis because of emotional factors, i.e., resistance, and that in most instances only one's own analysis furnishes full understanding of many of Freud's discoveries evokes repeated protests from Dr. Myerson. At one point he defends himself as follows: 'But I am not a surgeon and yet I can judge the results of surgery'. After exemplifying several instances of activities he can judge without being able to perform, he concludes: 'The general criteria of science can be utilized by a nonpsychoanalyst with validity in judging both the analytic ideology and its results' (p. 639).

Physical matters and psychic matters are different in many and very important respects. Both have to be investigated scientifically but the differences in the objects to be investigated necessitate a difference in methods. This difference as such cannot be used as an argument against a proposed method since it is inherent in the topic under investigation. Freud was very well aware that the demand for personal analysis as the first step for psychoanalytic understanding was unparalleled in the investigation of other scientific fields. Nevertheless he insisted upon it because of one factor which he called resistance. Although Myerson assures us that anything like this does not exist among scientists, the following amazing statement occurs in his paper: 'Obviously, there was to some extent a distaste for or fear of that controversy implied in the whole procedure, so that it appears at once that a great deal of emotion is involved in any study of the psychoanalytic movement in a way which would undoubtedly not be found in a similar study, for example, which would involve the treatment of syphilis by arsphenamine or by fever therapy' (p. 627). May one ask why a great deal of emotion is involved in discussing psychoanalysis and why 'informed scientists' do not have the same attitudes

in forming their opinions of the treatment of syphilis and of neurosis?

The above quoted statement expresses exactly what Freud meant, and the difference in attitudes which the author describes in such a concise manner is called resistance. However, eleven pages further on he writes that psychoanalysts use resistance as 'a very ingenious subterfuge for escaping criticism' (p. 638).

Answering the author's questionnaire a neurologist writes: 'I would say, offhand, that less than five per cent of the patients in my office were cases where the major causation of the condition was such as to include them in the freudian group. By this I mean that the other ninety-five per cent of the cases were amenable to other forms of therapy, and the therapeutic results were to be obtained in a much shorter time and with more lasting effect. Of the five per cent of the cases, these were treated, and very successfully, with the freudian technique' (p. 635). So far so good, except for one contradiction. A neurologist treats mainly organic diseases, and only a certain percentage of his patients are psychiatric cases. Some of the psychiatric patients are, of course, amenable to psychiatric treatment, and five per cent of the total of patients needed psychoanalytic treatment—a rather high percentage in my opinion. But how does it come about that psychiatric treatment resulted in a 'more lasting effect' than analysis, although five per cent were 'very successfully treated with psychoanalysis'? A patient is very successfully treated only if the effect of treatment is lasting, and it is somewhat difficult to imagine results which are more lasting than those of a very successful treatment.

But although this authority reports that five per cent of his patients were successfully treated by psychoanalysis (the report implying that the application of psychoanalysis was avoided whenever possible, i.e., those five per cent would not have been cured without psychoanalysis), he writes: '... In reply to question four, I think that psychoanalysis has been the greatest block in the study and understanding of mental disease . . .'; moreover his complete answer was such that he was classified

between groups III and IV which is pretty close to total rejection of psychoanalysis. My assumption is that in no other field would a physician reject a science furnishing the means of treating five per cent of the total number of his patients 'very successfully'. The neurologist's answer to the author's questionnaire should have convinced the latter that Freud was correct in advancing the concept of resistance as a powerful factor in judging psychoanalysis.

### *On the Absurdity of Psychoanalytic Findings*

Here Dr. Myerson is right. Nearly everything that Freud discovered is absurd and presents a grave transgression against common sense. But this quality of absurdity increases the probability of the veracity of his discoveries (but is by all means no proof of it), since everything that science has discovered is characterized by this factor of absurdity, beginning with the discovery that the earth is round to the discovery that insulin cures schizophrenia. Had it not been against common sense, it would not have been necessary to discover because it would have been known from the start. Generations become accustomed to 'absurdities' and act as if scientific discoveries were in accordance with common sense, as happened in the case of the earth moving around the sun. But even this discovery is denied when we say that the sun rises, which strongly indicates that we still believe that Copernicus' discovery is absurd. Absurdity is an emotional factor which indicates our response to something that is contradictory to what we believe to be manifest truth. Absurdity does not endow a discovery with reality or unreality.

The absurdity of psychoanalysis is illustrated thus: it is 'a biological absurdity . . . that the child is the symbol of the lost penis.' Attention is called to 'mother love operating with vigor throughout the whole animal scale' and 'the lioness probably has no particular complexes due to the operation of the superego'; therefore 'one can only reject the interpretation of human mother love as given by Freud and his followers . . .'  
(p. 639).

Freud did not say that the child is the symbol of a penis in

actual mother love; he found that the child compensates the woman for the *lack* of the penis (women never *lose* a penis). The truth of this discovery is confirmed in dreams and corroborated by certain languages which use the same word for penis and child. This process of compensation has nothing to do with establishing the superego, although both occurrences may be simultaneous.

The author's reference to the lioness and to the universality of mother love throughout the animal kingdom is a specious argument, since we do not know why lionesses love their litter. Perhaps a similar mechanism is active, who knows? But one thing is obvious: mother love in animals and mother love in mankind are essentially different. Two basic differences in the instinctual aspect of the matter may be quoted. Animals do not have the incest prohibition, the parent generation engaging in intercourse with the succeeding one; furthermore, animals occasionally eat their litters. Obviously these are indications that some sort of superego is actually at work in the human mother. Again the author applies biology unscientifically to psychology. One cannot discuss intricate problems in the following casual manner: women and lionesses possess the faculty of mother love; the lioness has no superego; therefore there is no superego operating in mother love. And to boot this syllogism is applied to a psychoanalytic discovery which has nothing to do with the superego.

*On Freud's Negligence of the Present and the Overestimation of the Past, or on the Biased Evaluation of Etiologic Factors in General*

Quotations from Dr. Myerson are followed below by relevant quotations from Freud's writings. Myerson: 'One would never know from Freud that the society in which the patients live is clumsily adapted to their individual needs and, in fact, often maladapted to the human being and his mental health' (p. 639). Freud: 'Our civilization is, generally speaking, founded on the suppression of instincts.'<sup>4</sup> 'The man who in

<sup>4</sup> Freud: Coll. Papers, II, p. 82.



consequence of his unyielding nature cannot comply with the required suppression of his instincts, becomes a criminal, an outlaw.'<sup>5</sup> 'Experience teaches that for most people there is a limit beyond which their constitution cannot comply with the demand of civilization. All who wish to reach a higher standard than their constitution will allow, fall victims to neurosis.'<sup>6</sup>

Myerson: 'The long lag between sexual maturity and the legitimate and proper satisfaction of the sexual impulses would seem to me of huge importance, and the other strains of mankind are given, practically speaking, no weight or importance by him [Freud].' Freud: 'The retardation of sexual development and sexual activity . . . is certainly not injurious to begin with; it is seen a necessity when one reflects at what a late age young people of the educated classes attain independence. . . . But the benefit for a young man, of abstinence continued much beyond his twentieth year . . . may lead to other injuries even when it does not lead to neurosis.'<sup>7</sup> 'The injurious results which the strict demand for abstinence before marriage produces are quite particularly apparent where women are concerned.'<sup>8</sup>

Myerson: 'The arduous preparation for life which we call education and which often is a crucifixion of all the natural desires of the child has no weight so far as psychoanalysis is concerned.' Freud: 'The limitation of aggression is the first and perhaps the hardest sacrifice which society demands from each individual. . . . Looking at it from a purely psychological point of view, one has to admit that the ego does not feel at all comfortable when it finds itself sacrificed in this way to the needs of society.'<sup>9</sup>

Myerson: 'The struggle to develop constant purposes in an organism which is built up around shifting polarities of expression and which is poorly designed for the coördinated life of

<sup>5</sup> *Ibid.*, II. p. 82.

<sup>6</sup> *Ibid.*, II. p. 86.

<sup>7</sup> *Ibid.*, II. p. 91.

<sup>8</sup> *Ibid.*, II. p. 92.

<sup>9</sup> Freud: *New Introductory Lectures on Psycho-Analysis*. New York: W. W. Norton & Co., 1933. p. 151.

a civilization apparently has no importance.' Freud: '... our mental life as a whole is governed by three polarities, namely the following antitheses: Subject . . . Object; Pleasure . . . Pain; Active . . . Passive.'<sup>10</sup> 'We have come to realize that the difficulty of a childhood consists in the fact that the child has, in a short span of time, to make its own the acquisition of a cultural development which has extended over tens of thousands of years. It can achieve a part of this alteration through its own development; a great deal must be forced upon it by education.'<sup>11</sup>

In these instances discussion is unnecessary, since Myerson comes so close to Freud's formulation that similarity outweighs difference. But in other instances he refers to two arguments which are contradictory to Freud: the importance of current reality and of economic factors in the etiology of neuroses. Freud was not at all unaware that an immediate conflict may cause a neurosis, as a study of even his early papers will reveal. After further investigation he found, however, that the current conflict was important only as a precipitating factor responsible for many details in the symptomatic picture, but not determining the nature of the disturbance. It is very easy to conclude that a symptom is due to a recent predicament, this theory being in full agreement with the patient's own opinion of the symptom. Quite frequently a tuberculous patient ascribes his condition to a recent cold while the physician knows that the disease may be an infection which started when the patient was a small child.

The patient's reality situation is of course of the utmost importance to every psychoanalyst, and no student of Freud's case histories will deny that he wrote the most brilliant analyses of the patient's situation at the onset of the symptom, demonstrating the relation of many details in the symptomatology to occurrences in the patient's recent past. Still all these intimate interrelations do not explain the general pathway to the pro-

<sup>10</sup> Coll. Papers, IV. p. 76.

<sup>11</sup> Freud: *New Introductory Lectures on Psycho-Analysis*, loc. cit. p. 201.

duction of the symptom in the common psychoneuroses. Freud attributed etiologic importance to the recent past in traumatic neuroses and to the present in the so called actual neuroses. But these neuroses do not invalidate the general law that the past continues to live in the human psyche and that the psychoneuroses are active remnants and noisy witnesses of the infantile period. The first six years of life are as significant to psychic health as the intrauterine period to physical health, and no psychiatrist, biologically oriented, should deny at least the probability of Freud's assumption since biology demonstrates essentially the same principle.

Greater difficulty is encountered in discussing the etiologic bearing of economic factors on the psychoneuroses and psychoses. An adequate treatment of this subject would require a long treatise. Since Dr. Myerson limits himself to the statement that 'one would never know from Freud that patients live in an economic world, have a struggle for existence', it might with equal cogency be said that one never would 'know from Freud' the histology of the liver—which does not exclude Freud's patients from having a liver. Freud's earliest case history was that of an aristocratic lady with an enormous income in a period of great financial security. She never had to struggle for her daily bread, but she feared snails and suffered, among other things, from a kind of tic. Publication of her income tax would have been of interest, but of little value in accounting for the tic. Has Myerson observed a greater frequency of neuroses among the economically underprivileged? Did the psychoneuroses increase in Europe during the World War, at a time when millions of people were exposed to hunger, strain, and financial ruin? I rather believe that the neuroses increased among those who were children when this tragedy took place. It was most disastrous in those cases in which the father had to leave the family when the child was two years old, and returned four years later. Under those circumstances the adjustment of the child was really endangered due to an unfortunate structure of the oedipus complex.

*On Freud's Unbiological Attitude*

Freud has been attacked by so many scientists because of his biological orientation (German psychiatry rejected him mainly on this ground) that it is very strange indeed to find Myerson stating that many scientists disagree with Freud because of his unbiological attitude. He writes: ' . . . psychoanalysis is reactionary. . . . Essentially analysis harks back to the ancient separation of mind and body, even though analysts continually give lip homage to the relationship of mind and body' (p. 640). This he tries to prove by the fact that psychoanalysis uses no sedatives, tonics, exercises, and physiotherapy in the treatment. S. D. Ingham even states, 'that enthusiasm in regard to a psychoanalytic viewpoint has tended to inhibit progress in psychology on the basis of a more strictly biological approach' (p. 634). W. L. Russel objects: 'There is a tendency to neglect the more obvious factors in the understanding and the treatment of the patient. There is also a tendency to neglect the physical' (p. 633). One pauses to wonder what Myerson understands by 'biological approach'. Is it biological simply to substitute forebrain for consciousness, hormones in the urine for sexuality, to study mother love by observing lionesses and to prescribe sedatives in preference to psychotherapy? Is it not rather the limitation responsible for the common prejudice that only that is scientific which is material and can be measured? A psychology which is based on the principle that the individual is a product of his entire past and that a stimulus induces a reaction in the total system, is essentially biological.

Sedatives, tonics, exercises and physiotherapy were in full use when Freud started to treat neuroses. The desperate predicament of neurotics, the complete inability of physicians to combat this disease induced him to look for other means of treatment. A physician who chooses, may wholly or in part adhere to earlier methods of treatment and he may or may not be correct; but no reasonable argument against psychoanalysis can be derived from this choice.



*On the Therapeutic Futility of Psychoanalysis*

The indictment is pressed on four points: (a) psychoanalysis has not conquered the field; (b) pharmacological measures have proven more efficient in the therapy of psychoses; (c) psychoanalysis is not specific since 'neuroses are "cured" by Christian Science, osteopathy, chiropractice, nux vomica and bromides, benzedrine sulfate, change of scene, a blow on the head, and psychoanalysis'; (d) 'since many neuroses are self-limited, anyone who spends two years with a patient gets credit for the operation of nature' (p. 641).

This leads into one of the crucial problems of psychopathology. It is the question of cure. Do we know the objective signs of mental and emotional health? Freud raised this problem in one of his last papers. Myerson uses this serious predicament of mental science as an argument against psychoanalysis. What is Myerson's definition of a cure? Is a pharmacologically induced remission in the course of a schizophrenia a cure? There is no clear cut end point in the treatment of many organic diseases such as tuberculosis and syphilis; yet it does not prevent medical science from determining the relative efficacy of various methods of treatment. It is a matter of record that psychoanalysts are more critical of the results of their work and more conservative about promising cures than most therapists in any field. Freud especially was conservative, almost to the point of pessimism. The lack of emphasis on therapeutic success in his papers is noteworthy. The cure when mentioned is recorded as a biographical datum in the patient's case history like any other pertinent event. No quotations from Freud's writings can be adduced to prove the correctness of psychoanalysis by describing its therapeutic success. His reserve in this respect—in spite of ample opportunity to boast—was certainly in part at least based on his knowledge that the disappearance of a symptom is no proof of cure.

Dr. Myerson tries to appeal to the prejudices of his readers

by lumping psychoanalysis with systems of magic, and superficial suggestion with not too subtle implications of quackery.

By taking into account the patient's belief in magic and by studying the process of the element of magic in the patient we are enabled to understand the therapeutic effects of many procedures. In *The Ego and the Id*, Freud describes a method of overcoming a certain therapeutic obstacle but warns his students against making use of this method because it is an easy but temporary and unscientific short-cut. It is difficult for the therapist to resist the demand of his patients for magic, the easy, sham success that relieves the discomfort and ignores the disease. Some psychiatrists may prefer the 'total push' method (Myerson) to the arduous and exacting psychoanalytic approach. One does not blame them for valuing therapeutic success above science, but the comparison of psychoanalysis with magic coming from this author seems strange.

The enthusiastic acceptance of shock therapy of psychoses would offer a good opportunity, if space permitted, to demonstrate the credulity of scientists in welcoming a therapy that does not disturb their habitual way of thinking.

The argument that many neuroses are self-limited (how true this is each psychiatrist may decide for himself) makes it hard to explain why psychoanalysis did not conquer the field. If psychoanalysts are the only psychiatrists shrewd enough to observe and exploit this alleged fact and just sit and wait for patients to recover spontaneously and then take the credit, why was not psychoanalysis more successful in 'conquering the field'? Psychoanalysis being the treatment which of all has a method that requires the longest time should for this reason alone be the most successful psychotherapy. The success, of course, would be based on a ruse, but nevertheless one would expect a tremendous success. But the author stresses at the beginning and at the end of his paper that psychoanalysis did not conquer the field because of its therapeutic 'worthlessness'.

Because it requires long and careful documentation to refute

facile generalizations, one must reluctantly forego answering more of the misleading arguments of the author and of those who replied to his questionnaire.

Proof of the falsity of Freud's basic discoveries would be a vast step in the progress of mental science, but careful study of Dr. Myerson's discussion fails to reveal that it has any scientific value unless considered simply as a *document humain*.

## BOOK REVIEWS

**FACTS AND THEORIES OF PSYCHOANALYSIS.** By Ives Hendrick. Second Edition. New York: Alfred A. Knopf, 1939. 369 pp.

The second edition of Ives Hendrick's excellent popular presentation of psychoanalytic practice and theory has been made more comprehensive by the addition of sections on psychoanalytic investigation of organic disease and the applications of psychoanalysis to nonmedical fields, and by the inclusion of a brief resumé of controversies about infantile female sexuality. A few other sections have been expanded or rewritten, notably the historical chapter on the organization and training of psychoanalysts which contains an excellent summary of the history of psychoanalytic training in this country as well as in Europe.

As is to be expected, the second edition is characterized by the same comprehensive and sound knowledge of psychoanalytic literature and by the same plastic vividness of presentation that were the particular merits of the first edition.

THOMAS M. FRENCH (CHICAGO)

**SKETCHES IN PSYCHOSOMATIC MEDICINE.** By Smith Ely Jelliffe, M.D. New York: Nervous and Mental Disease Monographs, 1939. 155 pp.

This is a collection of papers originally appearing between 1923 and 1937 and now republished in monograph form. There is some unevenness in the book as a whole because of the differences of time and occasion at which the papers were presented; there is also a certain repetitiveness. The first characteristic adds variety, and the second helps to drive home the author's main theses. His vigorous style is interesting and arresting. Yet one feels some dissatisfaction with what might be considered the more original contributions contained in the papers. There seems to be something out of perspective.

The first chapter, entitled *What Price Healing*, deals with a practical and extremely important point: the warning, illustrated by pertinent case histories, against indiscriminate and precipitate removal of long-standing physical disease that is the expression of neurosis. This should have wide circulation and is presented in



a form that could not be missed, no matter what the medical background of the reader.

Two chapters, one on Psychopathology and Organic Disease and the other on Psyche and the Vegetative Nervous System, are useful for general orientation and have a cosmic quality which is on the whole convincing, and is one of Dr. Jelliffe's real contributions to medical literature. 'The unconscious', he writes, 'contains all of the chemistry, the vitalism, and the symbolism. It has everything from the beginning. The psychology of the conscious is but a momentary flash of what the hundred million years of life have concealed in the living human being. It expresses only the numerator of the fraction which represents life. The immensely more important part of life, which is hidden, is the denominator, i.e., as the numerator one second is to the denominator, one hundred million years, so is our conscious knowledge of what is going on to that which really makes it happen (the Unconscious).'

It is in such chapters as Dupuytren's Contracture and the Unconscious, The Skin: Nervous System and the Bath, The Neuro-pathology of Bone Disease, and Psychoanalysis and Organic Disorder: Myopia as a Paradigm, that one's critical judgment is arrested. First the problem of evaluation is made difficult by references to the prehistoric past which brought into relation to rather meager clinical material, makes one suspicious that the very momentum of the background conjured up may furnish the chief impact. One cannot feel sure to what extent some of the psychoanalytic deductions are examples of brilliant insight, or may prove to be analytic mythology. The use of trained intuition is most important in psychoanalysis and myths like that of *Œdipus* have been shown to have a guiding influence on human behavior and disease. It is not unscientific, therefore, to agree that such unconscious fantasies can shape reality, even physiological reality, into fantastic shapes. Increasing caution, however, needs to be exercised in applying the method, successful in conversion hysteria, to organic disease in general as has been emphasized by Alexander. Psychological conflicts may be of great importance in the causation of the disease; yet the lesion may be an end product without symbolic significance. The following passages should be reviewed in such light.

'As now for many years, I have emphasized, and, as specially pertinent to this discussion, again call attention to the two outstanding chronic

skin disorders which have challenged the skill of dermatologists for years—eczema and psoriasis. In very general terms, the former is more often found on flexor surfaces and the latter on the extensor parts of the body. Eczema is preëminently exudative and wet; psoriasis scaly and dry. They both probably have a number of factors involved in their causation, but one set of factors is rarely if ever mentioned in any work on dermatology; that is, that flexor surfaces are the embracing ones; extensor surfaces the repelling ones. The one aspires to caress, the other to rebuff. Here the psyche of the skin in its creative, life renewing cravings, by displacement from more maturely evolved zones of activity, give rise to the wet eczematous reaction. The death instinct of anal erotic drives shows also by displacement in the scaly repellent aspects of psoriasis. These are all hidden from consciousness, but are ways by which the skin speaks the secrets of the psyche. Dermatologists use calming lotions, as calamine, for eczema, and hostile, biting substances, like chrysarobin for psoriasis.'

In discussing myopia, Dr. Jelliffe writes:

'Thus St. Paul's pronouncement has been chosen as the central theme of this intuitively arrived at formula: "If thy right eye offend thee, pluck it out." The mystics' meaning of "offense"—as well as the "means" by which the relative destruction has taken place—may be opened up by the psychoanalytic discipline and the "symbolic" truth reduced to rational terminology in terms of a dynamic pathology, and ultimate therapeutic relief of a different type than the wearing of glasses, which after all must afford but a partial compromise with the inner conflict.

'Innumerable considerations, possibly of absolute value in a strict logic, are here pushed aside, conditioned by individual insufficiencies, or temporal considerations, but chiefly because of the purely preliminary nature of this presentation. I can present but a moiety of the numberless torsos of observation which have passed before my eyes. I cannot claim to have as yet satisfied my own canons of sincerity of exhaustive research. The majority of the observations have been extremely fleeting and belong to a crude natural history—a few have been more fortunately offered for more detailed study, and as yet but tiny fragments of psychoanalytic research—but even so, with the crudity said to so persistently stamp the cultural processes of the far West, I have the temerity to offer them.'

Furthermore, one has to bear in mind that Dr. Jelliffe enjoys bold statements that are stimulating and provocative, and that many of them are brilliant shots. Some of these, however, by their very boldness, overshoot. I remember attending the session of the American Neurological Association in Boston in 1923 at which the paper on The Neuropathology of Bone Disease was given. The rather rigidly organically minded audience was wondering how to take the communication, when Dr. Jelliffe threw in another bombshell by remarking that the probable source of

the music of a well-known modern composer was an irregular heart in the mother who carried him. In the use of bold intuitive assertions the author has much in common with Groddeck.

After reading the book, one is left with the impression that it is the work of a vigorous pioneer, and Dr. Jelliffe is the first in this country to have seen the implications of psychoanalysis for internal medicine. Boldness and quick intuition are qualities necessary in the pioneer who has been among the first in the Promised Land. Those of us who follow have for the most part to be content to gain title by intensive tillage and cultivation. We do need contact and inspiration from such masters as Dr. Jelliffe, and any worker interested in the field can read Dr. Jelliffe's book with profit.

If one wishes a good summary, he can find it in the last chapter. This paper, *The Ecological Principle in Medicine*, is one of the best in the book. It was originally given before the Central Neuropsychiatric Association in Topeka, Kansas, in the fall of 1935, and has packed into it the essence of Dr. Jelliffe's approach, philosophical, historical and clinical.

GEORGE E. DANIELS (NEW YORK)

**PSYCHO-ANALYSIS.** By Edward Glover, M.D. London: John Bale Medical Publications, Ltd., 1939. 139 pp.

Dr. Glover's book is addressed particularly to the medical practitioner, who is to be informed briefly about the essence of psychoanalysis. 'The task of condensing the theory and practice of psychoanalysis within the space available in a monograph series is by no means easy', says the author in the preface. Even if the book is not intended as the psychoanalytic textbook which is asked for by so many students, it fulfils its limited task very well. Though Glover states 'that clinical psychoanalysis concerns itself with a number of subjects which are not usually regarded as medical', and that 'actually a study of anthropology is a useful preamble to the everyday practice of medical psychology', the book in general is limited to the medical aspects of psychoanalysis, dealing less with technique and more with the neurotic mechanisms and with the indications and prognosis of psychoanalytic therapy. The book is divided into three sections. The first deals with psychology ('an adequate grounding in the structure and function of the normal mind is as necessary to the clinical psychologist as a knowledge of anatomy and physiology is to the organic physician'). The second

discusses the special neuroses from the descriptive point of view, but always emphasizing the unconscious and the specific pathogenetic mechanisms. The third part discusses practical applications.

The first section, starting with the definition, 'neuroses and other mental abnormalities are simply forms of unsatisfactory discharge which take place when the psychic organ has failed to deal adequately with the instinct tensions to which it is subjected', explains first the 'embryology of mind' and then the dynamic, the topical (structural) and the economic point of view. Though Glover promises: 'controversial views have been omitted or have been specifically referred to as controversial', not everything he states will meet with complete agreement among analysts. He takes the biological helplessness of the human infant as his starting point and explains that the impossibility of immediate discharge causes instinctive tensions to become unpleasant and consequently dangerous. From the emphasis which Glover places on this inevitable factor, he underestimates environmental factors and sees neuroses almost as a biological phenomenon. 'The accepted psycho-analytical view is that the most important factors in neurogenesis are endopsychic.' In the discussion of the first phases of mental development Glover frequently takes the point of view of Melanie Klein that 'The infant, however, practically from the time it draws breath creates imaginary terrors' which are projections of the oral-sadistic strivings with which he answers the 'inevitable and increasing frustrations of instinct'. The outer and inner world are full of 'good' and 'bad' images: 'His inside is possessed of demons or sometimes of angels'. 'Some analysts believe that the superego develops shortly after birth or at least that it is in active function by the end of the first year.' These viewpoints become especially clear when Glover in his chapter, *Phases of Mental Development*, discusses the 'first year'. Adaptation to reality is for Glover almost exclusively the result of struggles against instinctive tensions and anxieties.

Discussion of the dynamic, topical and economic principles offers opportunity to introduce and to discuss all the important basic conceptions of psychoanalytic theory. Especially important and interesting are Glover's remarks about affects. In the chapter about libido economy, the defense mechanisms of the ego are described and discussed. It contains a new differentiation of 'introjection' and 'identification' that is particularly impressive. Some



statements seem to be oversimplifications: 'Generally speaking the guilt manifestations associated with the neurotic and psychotic illnesses are due to conflicts over unconscious aggressive (hate) drives'. It cannot be denied that conflicts about unconscious erotic drives likewise initiate tense guilt reactions.

In the discussion of symptoms, the part played by the unconscious ego is much more stressed than the fact that many symptoms are expressions of the id which make their appearance against the will of the ego. 'Theoretically regarded a symptom is an attempt on the part of the unconscious ego to adapt to some instinctual stress. Stimulated in most instances by the primitive moral interference of the superego, the unconscious ego mobilizes a number of unconscious mechanisms which are intended to control or distribute the energy causing tension.'

The second section dealing with the special theory of neuroses describes the symptomatology and specific mechanisms of hysteria, obsessional neuroses, which are described as disturbances of libido development rather than as regressions, mixed types of psycho-neuroses, the manic-depressive group, paranoia, including what we usually call paranoid schizophrenia, schizophrenia, including the hebephrenic and catatonic forms, and drug additions. Of the last, he writes, 'A dangerous substance is chosen because, owing to the projection of the individual's sadism, parental objects are felt to be dangerous'. Is not a dangerous substance often chosen because the pharmacological effects sought by the patient can be achieved chemically only by substances which unfortunately simultaneously are dangerous? Psychosexual disorders are unsystematically subdivided into sexual inhibitions, perversions and marital difficulties. Finally there is a discussion of social difficulties, and an added chapter about child analysis.

The practical applications discussed in the third section are: 'Examination, diagnosis, prognosis, recommendation of treatment, the nature of psycho-analysis, duration of treatment, cost of treatment, the family situation'. In accord with the aim of the book the problems of correct examinations and therapeutic indications are discussed at length, whereas the description of psychoanalytic technique is dealt with in a rather short way.

One is grateful to Glover for a book that satisfies the need of many doctors who ask for brief, yet thorough and competent information about psychoanalysis.

LE MASOCHISME: Étude historique, clinique, psychogénétique et thérapeutique. (Masochism: Its historical, clinical, genetic and therapeutic aspects.) By Dr. S. Nacht. Paris: Editions Denoël, 1938. 124 pp.

In the introduction to his well documented book, Dr. Nacht sets forth the thesis according to which a primary masochism seems to be contrary to clinical observations, particularly if conceived as an expression of autodestructive instinctual tendencies or as a manifestation of the death instinct. This leads him into contradictions, when he has to admit the existence of clinical manifestations of pain as a biological sexual stimulus. He circumvents this contradiction by stating that masochism, which in his definition is the acceptance of pain as a pleasure, can never be an aim in itself but only a means to achieve pleasure.

He gives a series of examples in which mental as well as physical suffering is endured for the sake of permitting oneself a certain degree of libidinal satisfaction. The function of masochism in these cases can be the neutralization of guilt. Suffering is endured to obviate greater suffering, for example, castration. A part is sacrificed to save what remains. This is a conception of masochism that has been propounded by Wilhelm Reich.

Another form in which masochism is put to use according to Nacht is the erotization of suffering. This mechanism he investigates in cases of perversion, limiting himself, however, to male patients. He sees the origin of the masochistic behavior in these cases in the sadistic conception of intercourse witnessed in early childhood. The fantasy and the desire to be chastised by the father is used as a means to safeguard virility with the help of the formula: 'Since father is content to beat me, I need not fear anything worse (viz., castration) from him.'

In the masochistic adult male's fantasies however, it is regularly a woman who inflicts chastisement. This is explained by the theory that the little boy, after having built up the father as the one who punished, turns his love to the mother. Consequently his anxiety is again increased; he now transforms the mother into a cruel punishing personality, into the phallic mother. This alleviates anxiety by neutralizing the guilt feeling according to the formula: 'Since she ill-treats me, she does not love me. Therefore I cannot be reproached (with having a love relation with my mother).

The frustration of the primary libidinal urges throws the child back towards pregenital sex phases. The gratifications experienced in these, particularly in the phallic phase, are essentially passive in character and thus reinforce the masochistic behavior.

The author next investigates the 'masochistic character' as described by Reich, of which he distinguishes two types: (1) that of total insuccess: the chronic failures; and (2) those wrecked by success (Freud: Coll. Papers, IV). Both are types of autopunishment.

The masochist constantly solicits sadistic treatment from his environment because he is greedy of love and must constantly receive proof that he is loved; ill-treatment for him equals love. He provokes ill-treatment by his aggression toward the love object. The larger part of the aggression, however, cannot be exteriorized because of anxiety and it is this transformation of aggression into anxiety by which masochism is characterized.

Nacht differentiates three types of moral masochism:

- (1) Autopunishment to avoid castration.
- (2) Courting failure plus pleasure derived from suffering.
- (3) Autopunishment plus inaccessibility of the personality to anything but suffering. The totality of primary sadism is transformed into masochism. While in paranoia all hate is projected onto the surrounding, here all hate is turned towards the self.

Turning to masochism in females, Nacht refuses to consider as masochistic the acceptance of relative feminine inferiority, of passivity and those manifestations of female sexuality which are connected with pain, since all this is imposed by the laws of nature and hence represents normal femininity. He recognizes as masochistic only behavior going beyond these limits and, of course, the so called masochistic perversions.

As to the normally painful phenomena of female sexual life, the author believes that defloration is soon forgotten, whereas the maternal instinct is supposed to triumph over the pain connected with pregnancy and delivery. Such opinion sounds like wishful thinking and cannot be substantiated by this reviewer's clinical experience.

Nacht proceeds to outline the female child's development. He gives two possibilities of malformation in its course which would be conducive to masochism:

- (1) Denial of the lack of penis followed by the formation of a masculine superego; desire to compete with men; consequent tendency towards self-punishment in order to avoid castration.
- (2) Castration (lack of penis) is accepted, but explained as punishment for masturbation. Persisting guilt feeling for continued masturbation imposes autopunitive behavior.

The author does not recognize biological factors as justifying female masochism. As one explanation for female masochism he offers something along the lines of a defense mechanism against the reproach of having an incestuous love object, in the formula: 'He beats me because he does not love me, consequently I am innocent.'

The masochistic perversion in the female, alleges Dr. Nacht, is much rarer than in the male, a statement which appears questionable to this reviewer. He explains this theoretically by the less rigid and severe female superego. As to the masochistic character, he does not believe it to be different clinically in male and female.

Nacht discusses male potency disturbances as one of the manifestations of masochism and distinguishes four types:

- (1) Passive attitude toward the father; general recession of aggression, depriving the individual's virility of the important aggressive component.
- (2) Fear of castration induces the individual to behave as if already castrated. These cases are characterized by loss of erection in the moment of penetration.
- (3) Hypertrophic active aggressive component of phallic phase dominates the erotic component. When the aggressive component is repressed, the totality of the sexual act becomes inhibited. Such patients often declare that they are afraid to hurt the woman in the sexual act. (A variant of this type of aggression is the man who expresses this hostility, causing suffering to the female partner, by refusing her everything, sexuality included.)
- (4) Impotency which turns out to be latent homosexuality. The little boy puts himself in the father's place, in a passive attitude. All suffering invited by him is but the substitute of the violence he had wished to be subjected to by his father; and thus he becomes impotent.

The essential therapeutic problem of the above-mentioned forms of impotency consists in the liberation of the aggressive tendencies and their reintegration in their appropriate place in the genital pattern.

After a short discussion of the rôle played by masochism in the



origin of male homosexuality, where the regression to pregenital levels is manifest, Nacht proceeds to compulsion neurosis, which he regards as an essentially sado-masochistic neurosis, as seen from the terribly sadistic superego of the compulsive, the aggressive content of compulsive symptoms and the punitive reaction they entail.

The investigation of the rôle played by masochism in melancholia finally forces Nacht to recognize that here autoaggressive phenomena take place which coincide precisely with Freud's description. With this concession, Nacht's thesis that primary masochism is not substantiated by clinical observation becomes untenable.

The author concludes with a chapter on Therapy. The treatment should begin by avoiding concessions to the patient. Thus the treatment will play the rôle of autopunishment in the beginning. The patient's attempts to provoke the analyst's pity, his anger, his severity, his activity, his punishment, will have to be resisted by tireless interpretation, until the patient begins to recognize what he desires. From here on the analysis of the transference will enable the patient to reinforce his ego. In this phase, negative therapeutic reactions are frequent. Further analysis of transference enables the patient to liberate his aggression, which should be kept within the limits of the transference situation. In the final stage of the analytic treatment the patient experiences great difficulties in giving up his analyst. Sometimes it seems advisable to keep up a certain contact with the patient after having concluded analysis, letting the patient's attachment weaken gradually.

As to prophylaxis, education should steer a middle course between granting and frustrating, and strive to achieve in the child a strong ego and an adaptable superego. The effects of punishment, the author believes, are not of much consequence one way or the other as long as they do not represent an injustice.

Taken in its totality, Nacht's book is a useful orientation in the field of masochism, well documented as to bibliography and observations on the author's own clinical cases.

R. A. SPITZ (NEW YORK)

PAVLOV AND HIS SCHOOL. By Y. P. Frolov. Translated by C. P. Dutt. New York: Oxford University Press, 1937. 286 pp.

For some time it has seemed to the reviewer that nothing might prove more helpful to the progress of psychoanalytic technique

and theory than a thorough understanding of the phenomena of the conditioned reflex and of hypnotism. In Frolov's volume there is a wealth of suggestive information and data.

In one short volume the author has attempted to present a picture of Pavlov the man, Pavlov the working machine of gigantic proportions, a résumé of the scientific background out of which his work arose, of the evolution of his experimental procedures and theories, an analysis of the impact of his work on physiology, neurology, and psychiatry, of its implications to philosophy, and finally of Pavlov's place in the social and economic world of Soviet Russia. In so short a book it is impossible for the author to fulfil this ambitious plan in more than a sketchy fashion.

The book is written with a reverence which finally becomes contagious, even though occasionally it is perhaps somewhat blindly and naïvely eulogistic. For instance, it is evident that Pavlov lived and worked with an obsessional meticulousness and precision, which at times took rather amusing forms, such as his riding to town daily with a stop watch in his hand. The author speaks of this reverently as Pavlov's 'strictly defined coördinates in time and space . . . strictly adhered to' (pp. 268-269). However, these occasional expressions of blind adulation are compensated by vivid vignettes of the simple scientist at work in his laboratory (pp. 60-62), and by the picture in Chapter VIII of indomitable courage in the pursuit of his studies through the most trying periods of the revolution.

The book is somewhat too condensed for the layman, whereas for the technically interested reader clearer and more detailed expositions are already available; nevertheless as a running story of the evolution of Pavlovian theory it is exceedingly interesting. Of profound importance to the psychiatrist and analyst, in Chapters IV through VII the author brings together for the first time a wealth of fact and theory from the last years of Pavlov's life, during which he became wholly absorbed in the problems of the neuroses and psychoses.

In the earlier chapters one may be annoyed by the author's occasional touches of Russian chauvinism, or by the ever recurring attacks on philosophy, psychology and psychiatry. A few of these are sufficiently interesting to be worth quoting; for instance: ' . . . if . . . there exists even a single psychical act of the animal that can be fully explained in a purely physiological way, then the whole

long-standing structure of zoöpsychology will collapse in ruins' (p. 42); or the somewhat tedious controversy (p. 76) over the issue: should an animal's anticipatory movements be characterized as 'voluntary'. Emphasis is placed on the fact that whereas a conditioned reflex leads to movements which in turn lead to salivation and the appearance of hunger—in the presence of spontaneous hunger the animal, under the stimulation of his activated food center, salivates and finally is brought to perform seeking or masticatory movements. This is termed the 'reverse movement of the physiological process', seeking by this circumlocution to avoid the word 'voluntary'. It is, of course, wholly valid and necessary to define the physiological basis for a psychological phenomenon. But after one has found such a definition, one still needs terms for the psychological fruits of the physiological process. Otherwise it is as though having discovered that water is composed of hydrogen and oxygen, one forever after refused to speak of or recognize the existence of water itself.

The book outgrows most of these limitations, however, just as it becomes evident that Pavlov himself outgrew them. At one time Pavlov exacted fines of any student in his laboratory who used words like 'voluntary' or 'consciousness'. In the end, carefully and guardedly, Pavlov came to use them himself.

In part at least, this aspect of Pavlov may have been the result of oppressive features of Czarist Russia. Pavlov felt that he had to defend his right to make scientific investigations of the physiology of psychological functions. Only a few decades earlier, one of Sechenov's books on physiology had been banned by the Czar. Perhaps it was for this reason that Pavlov tended to treat psychiatrists and psychologists as though they were theological and philosophical opponents. For instance, a discussion of gestalt psychology is capped (p. 188) by referring to the fact that Koehler had been a member of a 'theological faculty', as though this automatically explained and invalidated his work.

There are several amusing examples of the intrusion of economic and sociological theories into the scientific thought in the Russia of today, much as theological considerations did in the past: the 'disintegration of Behaviorism' is attributed (p. 15) to the World War and 'the world economic crisis'; Karl Marx is quoted (p. 187) more or less in opposition to Koehler; investigation of the use of tools by apes (p. 190) is vaguely linked to the problems of Labor

and machine tools. It is as though it were necessary to give the work an air of immediate economic applicability in order to win the support of the State.

The technically trained neurophysiologist must also not allow himself to be thrown off by the inadequacy of the author's survey of the status of neurophysiology before Pavlov, or by the occasional misconceptions of the historical significance of the work of others. One such misconception, however, plays a rôle of some importance in the structure of Pavlov's theories: muscle tonus (p. 22) is explained as being due to 'the strength of the nervous process taking place in the nerve cells of the anterior horns of the spinal cord. The greater the stimulation of these cells, the stronger is the tonus of the contracted muscle'. This concept of variations in neurone 'strength' is an important element in Pavlov's theories of the neuroses. Modern physiology has substituted for a concept of varying *strength* of individual anterior horn cells or muscle fibers, a variable *number* of active individual units. Similarly for Pavlov's picture of 'strong' and 'weak' cortical cells it might be better to substitute a concept of varying numbers of cortical cells involved. For his theories the result may be the same, even though the physiological mechanism is fundamentally different.

Without summarizing in detail those chapters which deal with the fundamental work on the elaboration and extinction of various kinds of conditioned reflexes, it is worthy of note that according to the evidence presented here, reflexes can be conditioned not only to basic instinctual reactions such as hunger, but also to proprioceptive impulses from muscles, to the effects of the administration of thyroxin and adrenalin, to the effects of the passage of an electric current through the brain with the production of convulsions as a conditioned reflex, etc. The author passes over without comment this truly astonishing and provocative extension of the field of influence of conditioned reflexes.

As psychiatrists and analysts, our chief interest is in the chapters on the experimental production of sleep, various degrees of catalepsy, and of that state of chronic agitation which has been called the 'experimental neurosis'. The extraordinary number of parallels which can be drawn between the findings of Pavlov and those of Freud, many of which Pavlov himself had no hesitation in acknowledging, is impressive. The author makes no reference to published studies of the relationship between Freud and Pavlov, such as those of French, Ishlondsky, Kubie and others.



First among the basic concepts which are held in common by the two systems is the idea that the body's instinctual needs are the source of all psychological energy. What Freud called the 'id', Pavlov described as the system of 'unconditioned reflexes'. For instance (p. 170) the author speaks of the ebb and flow of excitatory and inhibitory waves in the cortex 'which . . . can consist only in the close relation of the conditioned reflexes to the unconditioned needs of the animal'. Further on (p. 223): 'Every change in the functioning of the lower centers that control the life and nutrition of the internal organs and tissues . . . immediately produces a corresponding change in the activity of the cortex'. Here one sees clearly Pavlov's recognition, with Freud, of the instinctual basis of all processes of fantasy.

It is of further interest to note that in elaborating his ideas of the importance for the whole psychological superstructure of the animal, of the needs which are represented by the unconditioned reflexes, Pavlov, like Freud, placed sucking in a predominant rôle. It was no accident that the first conditioned reflex to be discovered and studied was feeding. It is unfortunate that there have been no equally objective studies of the conditioned reflexes which are built up around the excretory and sexual unconditioned reflexes. It is a striking omission in the work of Pavlov's school that up to the present time it has concerned itself so exclusively with feeding, sleep, and in a rudimentary way with the aggressive drives.

Of interest to all students of psychopathology is Pavlov's beautiful experimental demonstration of the fact that the basic instinctual demands are not fixed entities in any individual animal, either quantitatively or qualitatively. The strength of these instinctual unconditioned reflexes are measured by the strength of the conditioned salivary or motor reflexes. It is then observed that the basic instinctual needs themselves are played upon by a vast superimposed structure of conditioned reflexes which can increase them, decrease them, render them insatiable and repetitious, or even reverse them, so that the animal can be made to choose that which is harmful and to reject that which his body needs. Conversely, pain itself can be converted into a conditioned signal for eager anticipations. One could not ask for clearer demonstrations of the physiology of obsessional mechanisms, or of those distorted pleasure-pain reactions of which masochism is the most dramatic clinical example.

In the course of the evolution of his theories of sleep, Pavlov

came upon experimental data which convinced him of the essential soundness of Freud's basic concepts of the mechanism of dreams and of the minor psychopathology of everyday life. He found no difficulty in accepting the idea that dreams might express needs which were 'even unknown to the subject himself' (p. 173). In such experimental observations as the undulatory and rhythmical variations in the magnitude of conditioned reflexes (p. 108), in the phenomena of trace and delayed conditioned reflexes (pp. 124, 169) and in the manifestations of positive and negative induction (p. 172), he offers a physiological explanation of slips and dreams, of memory, of obsessive recall, of æsthetic judgments, and of the automatic recording of the passage of time.

In his interpretation of these phenomena, Pavlov's concept of inhibition becomes almost identical with Freud's concept of repression. From the inhibition of reflexes to the repression of conscious functions was not a difficult step for Pavlov because of his picture of psychological processes as the expression of superimposed chains or hierarchies of conditioned reflexes of increasing complexity. It is only to the 'purposeful' nature of Freud's concept of repression that Pavlov objected; and one may suspect that had Pavlov understood 'purpose' not in its original somewhat naïve sense, but in the 'economic' and 'dynamic' sense in which Freud finally used it, it would have offered no serious difficulty to the great Russian physiologist. Here as well, it seems to be an ill-chosen word with unfortunate philosophical overtones, to which he is objecting.

In the development of these points of view, experiments on skin stimulation played a rôle of primary importance. It was found under certain circumstances that skin could become a pacifier, and its stimulation could lead directly to the inhibition of established reflexes and finally to sleep; whereas under other circumstances it could become so strongly exciting as to bring on serious disturbances in behavior. Out of a wealth of such data, Pavlov evolved his ultimate picture of the cortex as a dynamic system (pp. 78, 158, ff.). In the functioning brain as conceived by Pavlov, unconditioned reflexes, which are mediated primarily through subcortical ganglia, give rise to conditioned reflexes of many kinds, all of which can be either excitatory or inhibitory, localized or diffuse. Their seat is in those cortical fields of sensory perception which Pavlov calls 'the analyzers'. From these, in turn, arise a complex third system of cerebral reflexes (i.e., a second system of cortical conditioned

reflexes), involving primarily the frontal association areas, and subserving all abstract thinking. These reflexes receive their signals from the lower system and all of them may be either excitatory or inhibitory. Thus Pavlov viewed the cortex as an intricate mosaic of excitatory and inhibitory processes, sometimes sharply localized, sometimes widely diffused.

Mutual interference between such processes would appear to be inevitable, and it is in the conflicts between these excitatory and inhibitory mechanisms that Pavlov sees the origin of the neurotic process. Neurosis, writes the author (p. 222) is 'due to *conflict between various unconditioned reflexes or emotions* [reviewer's italics] with a corresponding conflict of opposing processes in the cerebral cortex'. Pavlov explained the well-known neurotic difficulties of childhood as due to the fact that irradiation of inhibition occurs less fully in the child than in the adult, plus the fact that his excitatory processes are so vigorously reënforced by his basic instincts (p. 140). To the analyst these are wholly acceptable formulations.

At this point more must be said of the concept of inhibition and of its relationship to hypnosis, catalepsy and sleep. Pavlov's first step consisted in isolated observations in the laboratory which led to the conclusion that there were a wide variety of situations which could inhibit both unconditioned and conditioned reflexes. Later it was found that this inhibitory process could itself be linked to an unconditioned stimulus and thus become a *conditioned inhibitory reflex*. Then, to the surprise of the observers, it was found that this inhibitory process did not always confine itself to the particular reflex to which it had originally been linked, but that its influence might spread throughout the cortex so as to induce varying stages and degrees of immobility and sleep.

More or less concurrent with these observations it was found that animals confronted with too prolonged frustration or with problems they were physiologically incapable of solving might react in the opposite way with frantic restless excitement, inability to accept the experimental situation, inability to eat, and the like. In other words, apparently the excitatory process as well as the inhibitory process could leave its accustomed and restricted channels and spread diffusely through the brain.

A particularly clear example of the diffused inhibitory phenomena is the case of the dog, 'Prima' (pp. 174-176). The beat of a

metronome was established as the conditioned stimulus for a stable reflex of some years' duration. Then for two years the sequence of a single note on a trumpet followed by that same metronome beat was used to inhibit completely the reflex to the metronome beat, forming ultimately what the author calls a 'localized clot of inhibition'. When the effect of a buzzing noise was tried on the dog, a strange thing happened. It was as though it were both like and unlike the trumpet note. The inhibitory process suddenly broke out of its corral and became completely diffuse. The dog constantly fell asleep. All conditioned reflexes began to fail. Finally, the only way in which 'therapy' could be achieved was by persistently presenting food along with the trumpet note which had been the source of the original inhibition and to which all of the subsequent diffuse inhibitions had been linked. This is an experimental demonstration of the aim of an analytical procedure.

It would appear, therefore, that in Pavlov's view pathological phenomena can occur as the result of an uncontrolled spread either of inhibitory or of excitatory processes, or as a result of conflict between the two. Many complex examples are given of apparent interaction between the two processes (pp. 138, ff.), but here the text is not always easy to follow in detail. One gets the impression, however, that Pavlov's picture of the neurosis may have been unduly influenced by the special case of the traumatic neurosis which in turn colors his concept of the 'rupture of higher nervous activities' (pp. 210, ff.).

The complicated concept of constitution and temperament is described in Chapter VII. The author's version of Pavlov's views outlines three fundamental units of psychological constitution—strength, balance, and lability—with various methods for testing for them. Out of the various permutations and combinations of these three units Pavlov deduces twenty-four possible theoretical types. He readily acknowledges that not all of these necessarily occur in nature, and he finds the three that are most frequently encountered correspond to the ancient Hippocratic concepts of the sanguine, choleric and phlegmatic dispositions. Frolov's presentation of this material is somewhat more dogmatic than the evidence seems to warrant, nor is it free from many puzzling inconsistencies of detail. There is no discussion of how the various types arise. It is noteworthy that both in his discussion of temperament, and in his discussion of the Rupture of Higher Nervous Activity, Pavlov, like



Freud, realized that the study of the production of neuroses was at the same time an investigation of the production of what he called 'individuality'.

Pavlov correlates his data with Minkowski's (p. 82) who pointed out that in the foetus all excitatory processes are entirely diffuse. Pavlov demonstrates that conditioning does not become possible until localized channels are established in the nervous system, and that in the development of such channels an inhibitory process is necessary. This develops later than the excitatory process both in phylogeny and in ontogeny.

From this point it is a logical conclusion, and one which was borne out by experiments (pp. 217-218), that every focus of excitation in the cortex is surrounded by areas of inhibition. If this is true, *then we are forced to conclude that the state of hypnosis is nothing more than a physiological extension of any state of thoroughly focused activity*, just as sleep is shown to be merely a physiological extension of a state of focused inhibition. Hypnosis loses all of its mystery and becomes the inevitable physiological by-product of any state of complete 'concentration'.

This leads one to ask further what physiological basis there may be for the fact that some people cannot concentrate without falling asleep, whereas others seem to be able to sleep only if their attention is constantly wandering; and is there any relationship between this well-known variable in human behavior and the varying susceptibility to the hypnotic state? Is it possible that in some individuals more than in others the cortical field may tend to react as a unit, the whole going into a state of excitation if any part of it does, in place of Pavlov's picture of a focus of excitation surrounded by more or less widespread areas of cortical 'sleep'? And conversely is it possible that once an inhibitory process is begun in a cortex around an area of focused activity, that in certain individuals this inhibition immediately irradiates and induces rapid sleep?

These possibilities lead to further questions. Although in general it may be true, as Pavlov points out, that the irradiation of excitation is rapid in the cortex of dogs, and that of inhibition relatively slow, is this difference necessarily true for man? Or at least is it true to the same extent? Would it not seem probable that the greater psychological evolution of man depends upon an increase in the rôle of inhibitory irradiation as a necessary concomitant of the process of thought? And may it not vary greatly from one indi-

vidual to another? Also we might well ask what the rôle of anxiety may be in all of this. Pavlov links the emotional state to the irradiation of the excitatory process; but we know that some animals are immobilized by danger, just as some men are energized psychologically and others paralyzed by anxiety. Is it then possible that in the one anxiety increases the irradiation of excitation, whereas in the other it increases the spread of inhibition? To this in turn would be linked the problem of the influence of drugs such as caffeine and benzedrine, as well as the action of sedatives. One may hope that the electroencephalogram may bring us answers to these questions in the not too distant future. At all events, such possibilities are all of utmost importance to many basic problems of psychopathology.

In this connection it is of interest that Pavlov looks upon sleep not as the *product* of exhaustion but as a protective mechanism to prevent exhaustion, much as Freud looks upon the dream not as the violator of sleep, but as the more or less unsuccessful effort to protect it.

The work on sleep (pp. 152-155) involved minute studies on the stages and phases of falling asleep and of awakening from sleep. It was possible to gauge the depth of sleep without waking the subject by using the posture of the head as a measure of the tonus of the cervical neck muscles, and the salivary secretion as an index of other phases of cortical activity. With these guides many interesting observations are briefly suggested on the pharmacology of hypnotic drugs, on states of catalepsy and suggestibility, and the like. Unfortunately, here too the data is scanty, and the descriptions somewhat obscure. One cannot escape the conviction however, that this type of cortical inhibition is closely related both to the everyday phenomena of sleep and to the clinical phenomena of hypnotism and catalepsy, and that the phases described by Pavlov deserve careful clinical study. For instance in discussing the basic importance of the restriction of muscular movements (p. 157), Pavlov divides the observed phenomena into three degrees: (1) states of cortical inhibition in which the trunk and limbs alone are immobilized, (2) states of deeper inhibition in which the neck and eyes are involved as well, (3) and finally the state in which the muscles of the head and face are involved with ultimate inhibition of vocalizing mechanisms and the development of full sleep. One is impressed here by the

closeness with which these stages parallel one's clinical experience with hypnotism.

To the reviewer, it has been a matter of regret that the school of Pavlov was so bound by its rigid antipsychological bias as to overlook one of the important by-products of its own magnificent experimental work: namely the fact that this work has defined so clearly the legitimate sphere of psychology itself. It has shown that unconditioned reflexes are always immediate and direct, whereas conditioned reflexes depend upon a time interval between stimulus and response. It has shown that in this temporal gap something happens: a central reverberation to a stimulus which has ceased. It has proved that it is this central reverberation that subserves the processes which we know subjectively as imagery and memory, and it has demonstrated that these reverberations go on irrespective of that special aspect of psychological phenomena which we term 'consciousness'. Thus Pavlov really has taken the curious mystery of thought and has given to it a clear and simple place in science, by linking it specifically to that gap between stimulus and conditioned response upon which depends the whole phenomenon of the conditioned reflex. This gap may be a split fraction of a second in the simplest manifestations of the phenomenon; or it may endure for minutes, hours, days, weeks, months, and even years without altering its basic physiological properties or its psychological implications. It is this simple solution to the most ancient mystery that we owe among so many other things to Pavlov.

Something should be said about the make-up of this book. It is not easy to forgive the Oxford Press for the errors in typography, editing and proof-reading. Figure 8, page 50 is referred to but is missing. Typographical errors and neologisms abound: 'Sleep' for 'steep' (p. 12); 'Vicariation' (pp. 56, 118); 'Pedology' (p. 90 and elsewhere); 'Expiry' for 'expiration' (p. 105); 'Storey' (pp. 61, 152); 'Introductions' for 'innovations' (p. 229); and innumerable examples of unidiomatic translations which should have been corrected, such as (p. 269) 'something that could be already immediately applied'. All of this would point either to a degree of ineptitude in the translation, or of carelessness in the editorial office which should not mar the products of a house which devotes itself to responsible scientific publishing.

MODERN CLINICAL PSYCHIATRY. By Arthur P. Noyes, M. D. (Second Edition). Philadelphia & London: W. B. Saunders Company, 1939. 570 pp.

The material in this volume constituted lectures given to small groups of senior medical students at Norristown State Hospital where the author is Superintendent. These lectures, with certain modifications, were put into book form in 1934 at the request of some of the students. This is the second edition.

It is evident from reading this volume that the author is familiar with the literature of modern psychology. He approaches his subject with sympathy and a genuine desire to understand mental mechanisms. But it appears that he has not completely digested the material he read. He remains eclectic and sceptical of the value of any one point of view. The teachings of Freud, Rank, Jung, Stekel, Adler, Adolf Meyer and many others are interchangeably used without any attempt at orienting the reader as to who is who and why. This is most bewildering and gives one the impression that the author is no less bewildered than the reader. He seems on the defensive and always in doubt, at no time committing himself to a clear-cut categorical statement. Everything is qualified by 'sometime', 'rarely', 'often', etc.

In his discussion of psychoanalysis, the author displays thinly veiled hostility. The subject is covered in ten pages, and while he accords psychoanalysis a place as a method of research and as a science of the unconscious, he feels that it has completely failed as a therapeutic method. He admits, however, that it has 'elucidated many aspects of human behavior that had baffled interpretation. It has lead to a greater realization that dreams, fantasies, the play of children, casual gestures and slips of the tongue afford significant clues to an understanding of personality' (p. 368).

While he states that the greatest value of psychoanalysis is in the psychoneuroses, he does not recommend it in hysteria and feels it is inefficacious in what he calls "neurasthenia and psychasthenia". He does not mention it as a method of choice in the anxieties. He leans very strongly to Adolf Meyer's distributive analysis, although his outlook for the neuroses generally is rather gloomy.

The chapters on the organic psychoses find the author on more solid ground. The treatment of the psychoses due to syphilis of the nervous system, especially paresis, is particularly good. Here he shows a fine grasp of both the clinical material and the liter-



ature. He is equally able in his discussion of alcoholic psychoses. It is evident that the author's experience and training have been largely limited to the psychoses as seen within the confines of a hospital and that his knowledge of the neuroses comes principally from books. This is regrettable. Far too many medical writers secure their material in just this manner, rather than from the original source—the patient.

SARAH R. KELMAN (NEW YORK)

**MENTAL HEALTH.** Publication No. 9 of The American Association For The Advancement Of Science. Lancaster, Pa.: The Science Press, 1939. 470 pp.

This volume presents the forty-nine papers, twenty invited formal discussions and twenty-one informal discussions which were given at the Symposium on Mental Health held under the auspices of the Section on Medical Sciences of the A.A.A.S. at Richmond, Virginia, in December 1938.

Of the ninety printed papers, some are very good, many are informative and provocative, and some are very bad. But with the syphilologist, the epidemiologist, the pathologist, the statistician and the psychobiologist each hawking his separate ware, one must expect to find that the sum of the parts does not add up to any particular whole. Furthermore, although there are a good many highly interesting facts and results of surveys presented, one can not escape the impression that what in general is being talked about bears only a very oblique relationship to *mental* health, either of the individual or the community. What seems patently lacking is any philosophical attempt to evaluate critically what is going on in terms other than those of current focal illusions or ideological slogans, and what is needed is less advancement of science and more clarification of human values.

The tendency of science to outrun its supposed goals and to grow away from basic human values is indeed less characteristic of psychiatric science than of the physical technologies. But that this tendency exists at all in a department of science presumably sensitive to the deep and timid needs of the individual is disturbing; and it is in just such a 'broad' symposium as the present one that we begin to detect that subtle shift of emphasis from the individual to the group, from the bee to the hive, which is elsewhere so ominously evident in the complex texture of our time.

Thus we see much written in these papers about the economic loss to *industry* of psychogenic illness or accident proneness when the problem of peak *production* has long since ceased to be a crucial social concern. We see, again, the tendency to view mental health in terms of  $x$  number of hospital beds per annum and  $y$  millions of government dollars expended rather than in terms of the fulfilment of individual needs. Worst of all is the growing itch to apply the half-won insights of psychiatry to the ever fascinating task of solving social and political problems, with little thought to the methodological difficulties involved.

Psychoanalysts will recognize in these trends an old and powerful protean enemy—man's resistance to facing the realities of his instinctual life. Just as we are about ready to admit that there is such a thing as the unconscious and just as we have gained some insight into the powerful infantile drives, resistance takes a new turn: we admit all these things about the individual but find it more important now to study the individual as he acts in larger corporate entities—industry, political bodies, the state itself. The human being, having won his place in the sun, becomes once more an atom. Quite apart from the threat which this tendency presents to the continued growth of genuine psychiatric knowledge, there exists also the danger that the sudden need to see man as a unit in larger and larger environmental contexts will seduce psychiatry into pandering to allegedly 'inevitable' historical processes.

When Sullivan writes that psychiatry should 'employ its newly found knowledge of interpersonal relations to aid in directing human affairs and countering the waves of propaganda and prejudice that block efforts at a scientific reform of our national life', he should realize that psychiatry is young, is not yet able to stand by itself with the authority of indisputable truth and may easily fall to the highest bidder in the game of power politics, itself become a pawn of propaganda. What can psychiatry tell us about a 'scientific' reform of our national life? Nothing. And in so far as it makes pretensions in this direction it ceases to be psychiatry and becomes instead another puffed-up purveyor of dogma. When Lasswell, concerned with the 'delusions of the community' and the health of the body politic, writes: 'Integrative politics depends upon finding the *key persons* [reviewer's italics] who are capable

of initiating and facilitating the sequence of policies which . . . will bring about integrative acts in the most economic way'; and, 'Methods will need to be devised of discovering and treating persons in different organizations who do sick rather than sound thinking', he should be made aware that what he is saying could essentially be said by Goebbels who too is interested in the health of his organization, is eager to devise methods of 'discovering and treating persons . . . who do sick rather than sound thinking'. To protest that there are great and obvious differences between the two instances is to overlook the methodological identity of the two procedures once a set of prime values has been established for each. And when these prime values have to do with the health of organizations rather than of individuals, the technique of achieving these values is no more psychiatry than the building of a house is mathematics simply because arithmetical computations have to be made in the process; the use of the best mathematics, furthermore, is no guarantee that the house will not be an uninhabitable monstrosity. With all due apologies to Lasswell, it should be pointed out that Hitler too fancies himself a political psychiatrist. His discussions in *Mein Kampf* of the 'psyche of the masses' and the psychological mechanics of perfecting his organization are nothing short of brilliant; but his interest lies only in the organization. Therein lies the danger of any so called political psychiatry, and well meaning psychiatrists who are bent on applying this new instrument to national and international problems had better look twice to see that they have not cleverly caught hold of a live wire.

Some will say that these trends are significant of something deeper than and beyond the preoccupations of individual psychiatrists. Perhaps so. If these trends are significant of a blind evolutionary submergence of the individual in the group—(and not even in the group, in fact, but in its modalities or, better, its compulsions)—and if this is destiny, so be it. But why in such a case rush to take destiny by the tail? The reverse will undoubtedly occur in its own good time. Till then, let it be said to his critics, the psychoanalyst will continue to do an honest job by his study of the individual *qua* individual and not as an industrial loss or as a monkey wrench in some organizational machinery.

JULE EISENBUD (NEW YORK)

1ST DIE AGGRESSIVITÄT EIN ÜBEL? (Is Aggressiveness an Evil?) By Tora Sandström. Stockholm: Albert Bonniers Förlag, 1939. 186 pp.

In Stockholm, where this book was written and published, as well as elsewhere, people may have unkind free associations to such a title as 'Is Aggressiveness an Evil' and the author may find herself caught in her own catch-question.

The psychoanalyst attempting to read this book finds on the second page a statement which arouses his resistance. According to the author, Freud says 'the aggressions are destructive under all circumstances'. Either this statement (which we hope was not intended to be taken as a quotation from Freud) may be simply considered to be meaningless, implying that aggressions are aggressions, or it is a misstatement implying that aggressions are, according to Freud, always 'evil'. Adler too is supposed not to see anything 'good' in aggressions. It is clear that the author uses the term 'aggressiveness' very vaguely. Aggression, according to the author, is a part of the self-preservative instincts.

The author's summary of her conception of a neurosis may be quoted: 'We maintain that a weakness of the self-preservative instincts is always to be assumed as the cause of functional neurosis; a weakness which induces the self-preservative instincts to work in negative direction, that means not useful for life but harmful'. (p. 20.)

MARTIN GROTJAHN (CHICAGO)

PUBLIC OPINION AND THE INDIVIDUAL. By Gardner Murphy and Rensis Likert. New York: Harper & Brothers, 1938. 316 pp. In this clean cut monograph Professor Murphy and Dr. Likert have added to our tools for the study of attitudes. The chief contribution is a method of scaling the distribution of opinion that is much simpler than the epochal method perfected by Professor L. L. Thurstone. Thurstone's procedure calls for a panel of judges to sort out the significance of statements; the Murphy-Likert method dispenses with the judges and depends upon the assumption that opinions are distributed according to the 'normal curve', an assumption sharply in dispute among specialists.

The authors administered their opinion tests to college students in 1930 and to a retest group in 1935. Each student was asked to



prepare a brief autobiographical sketch, and a small group of volunteers was studied more intensively. The purpose was not only to show how attitudes were distributed and how they had changed, but by what factors they were determined.

The findings were in the main negative; and this is to be attributed to the lack of intensive knowledge of such factors as the personality of parents and the reading experience of students. The investigators freely admit the imperfections of the observational standpoints which they were able to occupy, and they call for more intensive knowledge and more adequate theories of childhood and adolescence.

As social history the data are of interest, quite apart from their usefulness in relation to the fundamental propositions of social psychology. In 1930 the seriousness of the great depression was not evident; in 1935 the low point was past. Attitudes in the test group moved in a more 'radical' direction; they favored more fundamental changes for the benefit of the underprivileged groups in society. The direction is not surprising, but the *rates* of change are important. If we are to keep abreast of the changing 'climate of opinion' in different parts of the social structure of America and of the world, we must provide for the regular reporting of the responses of selected groups. Even the low correlations obtained with many environmental and predispositional factors are valuable to the student of social development, however disappointing they may be to the searcher for high correlation coefficients. The Murphy-Likert results put an important brake on tendencies to exaggerate the importance of certain short term factors in the stream of political development. Moreover, the results emphasize the importance of exposure to the stream of communication in society rather than to direct material deprivations. The authors remark that 'Data on income suggest that personal economic adversity is less important than general awareness of the seriousness of the world scene'.

There is a sense in which no personality data are superfluous if we are to perfect our knowledge of society. Every psychiatrically studied person occupies a definite position in the social structure of the community. He is to some extent typical of those who enjoy a certain income or belong to a high or low deference group. (A high deference group is 'eminent scholars', a low deference group in America is the 'Negro'). Attitudes toward public personalities and

public issues are distributed differentially among these several groups, and formative factors impinge with varying potency upon the members of these groups. Thus the data obtained by the psychoanalyst are not only relevant to private attitudes but to public attitudes as well; and psychoanalysts who look at a report of the Murphy-Likert type may become aware of the bearing of their own data upon the cultural-historical processes in which they are themselves concerned.

HAROLD D. LASSWELL (WASHINGTON)

THE PSYCHOLOGY OF SOCIAL MOVEMENTS. A Psychoanalytic View of Society. By Pryns Hopkins. London: George Allen and Unwin, Ltd., 1938. 284 pp.

This volume attempts to satisfy an urgent current need, to describe the psychology of social movements. There is however little in the book that satisfies this need. What there is, is an extremely disjointed account of various aspects of individual psychology based largely on a static use of the libido theory, in which respect the author repeats many of the errors which have been made along these lines by many others.

The reasons for this failure are clear. The criteria for evaluating personality are extremely vague. Drives are chiefly used for this purpose, with the implicit assumption that drives can be examined in pure culture. Such loose use is made particularly of the concept of ego drives. A second failure is the absence of any conception of the influences that mold the ego into these attitudes which he is satisfied to call for instance, 'anal sadistic'. Despite much talk, nothing conclusive is derived from their use.

On the other hand the book is written in a pleasantly conversational tone and contains some excellent appraisals of the importance of psychology for sociological research. What mars the book is its technical failures and the substitution of scientific deductions by bromidic banalities. Here's one: 'Inner peace is, after all, the very beginning and end of the happy life' (p. 264). Another irritating quality of the book is that the author is constantly referring in the text to solutions of problems which are supposed to have been offered earlier in the work, solutions which apparently exist only in the author's mind. It is hardly a work for the ages.

A. KARDINER (NEW YORK)

BERNADETTE OF LOURDES. By Margaret Gray Blanton. New York: Longmans, Green & Co., 1939. 265 pp.

One of the most astounding stories of modern times is that of the development of the shrine and great healing center at Lourdes to which travel yearly from many parts of the world thousands of ill and maimed seeking—and often finding—miraculous cures.

Lourdes, once a small isolated village in the French Pyrenees, is today a prosperous modern town whose shrine and spring have become a goal for the yearly pilgrimages. Mrs. Blanton has written in a most understanding and charming fashion of the half starved, sick and neglected little peasant girl, Bernadette Soubirous, whose visions seen in 1858 in her 14th year had such far-reaching effects. The touching story of the little girl who saw a tiny girlish figure, called The Virgin by her townsmen, reads like a medieval tale and it is hard to believe that it occurred in modern times. The author has reconstructed the background of Bernadette and the credulity of the country folk in a way that makes the occurrence more understandable: a tiny semi-isolated community with a simple folk whose life centered about their market and religion, and among whom visions were a frequent occurrence and always a source of excitement and enthusiasm. The healing spring was at that time a tiny, muddy place in which the Virgin bid Bernadette bathe her face. The desperate wish of a mother who washed her dying baby in the spring and claimed a cure, established the healing qualities of the water at once. It is pathetic to read of the great eagerness of the people at that time to believe in miracle after miracle, though many were disproved before their eyes.

The author makes no attempt to discuss the psychological aspects of either the visions or the cures of modern Lourdes. The famous doctors of Bernadette's time, among whom was Charcot, considered her visions to be hysterical manifestations connected with the severe tuberculosis of which she died at the age of 35. Presumably the modern medical viewpoint would coincide with theirs. However, Mrs. Blanton stresses the fact that the child was not obviously neurotic in any other way and bore the privation, suffering and humiliation of her illness and difficult convent life in a way that appeared very normal. She also emphasizes that in the community visions were not only accepted but acclaimed as quite believable and not infrequent occurrences.

The cures of today at Lourdes are very difficult to understand.

Discounting the many cases where the cure is temporary and the others where the illness is obviously of a psychological nature, there remain a number, eight to fifteen a year, whose past medical and laboratory findings have presented over a long period of time a severe physical disease often in its terminal stages. The medical board at Lourdes accepts as real cures those cases only which show a clinical cure after thorough medical and laboratory examinations, not only at the time but in follow-up studies. An interesting fact, in view of the illness of the founder of the shrine, is the large percentage of cures of advanced tuberculosis.

Dr. Smiley Blanton's subsequently published *Faith is the Answer*<sup>1</sup> (written in collaboration with Dr. Norman Vincent Peale), in which he discusses from the psychological point of view both the original visions and the present-day cures, is an interesting sequel to Mrs. Blanton's volume.

SUSANNA S. HAIGH (NEW YORK)

**HOW TO STUDY.** By Samuel Kahn. Boston: Meador Publishing Company, 1938. 144 pp.

In this book Dr. Kahn shows himself as a deliberate wit in a field not yet professionally acknowledged as humorous. Warning us of the dissipations that interfere with study he condenses complexes to a compact ninety, of which 'Homo Sexual' is number 52 and Sex is 17a subheaded under Ancestors, 17. . . . He quotes wise men of all ages, amending their statements when they fail his purpose, and adroitly avoids getting serious by never implying that it could be fun to study.

ELIZABETH H. ROSS (PHILADELPHIA)

**MINOR MENTAL MALADJUSTMENTS IN NORMAL PEOPLE.** By J. E. Wallace Wallin. Durham, N. C.: Duke University Press, 1939. 298 pp.

It is not very difficult to satisfy Professor Wallin as to the etiology and therapy of 'mental maladjustments'. One may discern this in the following captions which the author has attached to autobiographical case studies of normal people: 'Fear of the dark and of being grabbed, continuing at thirty-three; possibly due to hearing a newspaper being snatched from the porch, and to being scared by a

<sup>1</sup> New York: Abington-Cokesbury Press, 1940.



robber.' 'Fear of electrical storms attributed to mother's fear; overcome apparently by faith in Bible teaching that a protector watches over us.' 'Fear of death due to unwillingness to face the disagreeable.' 'Fear of traffic accidents with sensations of injury apparently leading to a tendency to avoid going out; possibly due to prophecy of fortune teller and vivid imagination.' 'Inexplicable dread of being alone in a building driving the respondent to inspect room after room before locking herself in the last room; possibly caused by a fright in early childhood occasioned by some happening behind her back.' 'Fear of being kidnapped by gypsies ascribed to tales of kidnapping; concealed terror of having leprosy and tuberculosis due to trivial causes; deadly fear of country drying up and death from famine due to a protracted dry spell.'

The author has an abiding faith in the ability of the average individual to discover the causes of his difficulties. To be sure, it is 'freely admitted that the causal explanations offered by the respondents are sometimes incorrect', but after all 'the formation of character traits is often a relatively simple matter of conditioning, instead of the obscure, mysterious process posited by some of the metaphysical obscurantists in the field of psychopathology'. 'In the appraisal of psychogenic factors of maladjustment the student should so far as possible adhere to the law of parsimony according to which the fewest, simplest and most natural explanations that will account for all the facts should be preferred. . . .' A glance at the captions cited earlier will readily enable one to decide whether it is simpleness or simplicity to which Professor Wallin refers.

If it were merely a matter of questionable taste, the use of terms such as 'quirks,' 'twists' and 'oddities' would scarcely attract notice in a book written in the most redundant and pedantic of styles. But these reflect a more important trend, the author's failure to conceive of the personality in an orderly and unified way. His preoccupation with symptoms is as outmoded as his grasp of the literature. If he has read Freud after 1900 there is precious little to show for it. On the flimsiest of grounds, he even discounts the existence of the unconscious, though there is hardly a term he uses which fails to bear the imprint of psychoanalysis. Such anachronisms as 'the Jehova complex', 'the fussing [fastidiousness—perfectionism] complex' abound. The antithesis 'unconscious—conscious' still represents for him the psychoanalytic definition of a conflict. It is one of his startling discoveries that when people begin talking

or writing about themselves they remember a good deal which they thought they had forgotten. One may ask without levity, where has Professor Wallin been all this time? The answer is obvious. But J. F. Brown has recently assured us that the cloistered halls of academic learning will not remain forever closed to analytic doctrine.

NATHANIEL ROSS (NEW YORK)

**SOCIAL WORK YEAR BOOK, 1939.** Edited by Russell H. Kurtz. New York: Russell Sage Foundation, 1939. 730 pp.

The purpose of this biennial publication is described in its subtitle: *A Description of Organized Activities in Social Work and in Related Fields*. It is composed of three major sections: Part I, topical articles written by authorities in the fields discussed; Part II, a description of the public assistance programs in effect in each of the forty-eight states; Part III, a directory of national and state agencies, both public and voluntary.

An improvement over other issues is a reorganization of the material covered in the topical outline, resulting in the bringing together of a number of closely related topics hitherto treated separately. These articles are descriptive of functions, organized activities and programs rather than of individual agencies. Of the eighty-two articles included, two are written by psychiatrists; one on Mental Hygiene by Dr. Karl M. Bowman, and one on Behavior Problems by Dr. William Healy and Dr. Augusta F. Bronner. In the others there is a striking absence of up-to-date psychiatric concepts.

One feature of this edition which makes it different from the four previous volumes is its inclusion of the state-by-state description of the public assistance programs in effect throughout this country (Part II). This reflects the current increased emphasis upon governmental services. The frequency of its publication (every two years) is of value especially in this field where organizations are changing so rapidly and where reference books become unrepresentative of what is going on in as brief a span of time as five years.

This book has value to numerous groups of people, including not only social workers and practitioners in related fields, but also agency board members, legislators, public administrators, reference librarians, teachers, publicists and students of the social sciences.

Many instructors of nurses, medical students and law students would find this volume helpful as an orientation to the broad field of social work. For the social work practitioner perhaps one of the most useful features is the bibliography at the end of each topical article. Part III and the index provide concise encyclopaediae. This book should be included in any social work library.

ELISABETH BROCKETT BECH (CEDAR GROVE, NEW JERSEY)

THEORIES OF SENSATION. By A. F. Rawdon-Smith. Cambridge: The University Press; New York: The Macmillan Company, 1938. 137 pp.

The title of this monograph is rigorously correct if one restriction is noted: only two sensations, vision and audition, are considered in the book. The title is otherwise exact, for within these two fields the author has concerned himself with physiological changes, and attendant theories, resulting from quantifiable changes in amplitude and frequency of visual and auditory stimuli. This is to say he has limited himself strictly to problems customarily classified as sensory as distinct from perceptual.

The author explains in his preface his failure to consider skin, olfactory and gustatory sensations, by deferring to von Skramlik's classical monograph on taste and smell, and to J. P. Nafe's summary of the state of general sensibility published in Murchison's *Handbook of General Experimental Psychology*. Taking Mr. Rawdon-Smith's explanation at its face value, and remembering the excellent publications already in the field of vision and audition, it is easy to ask why he did not excuse himself from writing altogether. Such a question, however, is unjustified. For while the book falls somehow between the two stools of a short, semipopular summary and a complete, concise, critical review of recent work in these two fields, it nevertheless has a definite contribution to make. It is the shortest, not too technical survey available of recent experimental literature considered in relationship to auditory and visual theories.

However, even this specific contribution is further limited—if not actually weakened—by the author's bias toward a modified Young-Helmholtz theory of vision, and toward a modernized Helmholtz resonance theory of audition. While this bias does not cause Mr. Rawdon-Smith to distort pertinent experimental facts, it does lead to a constriction of the experimental points considered.

Certainly, Mr. Rawdon-Smith's monographs will not take the place of Parson's *Colour Vision*; of Stevens' and Davis' *Hearing*; of Beatty's *Hearing in Man and Animals*; or of the various excellent summaries on vision and audition by Troland, Hecht, Graham, Banister, Hartridge, and Davis in Murchison's *Handbook of General Experimental Psychology*. But within its peculiar limits, *Theories of Sensation* is notably clear and well considered.

Mr. Rawdon-Smith has done considerable experimental work on physiological and psychological aspects of the activity of the middle and inner ear. His research includes work on the electrical responses of the cochlea, upon the influence of intrinsic ear muscles on cochlear responses, and upon difference limens and auditory fatigue effects.

*Theories of Sensation* is one of a comparatively new series, Cambridge Biological Studies, begun recently by the Cambridge University Press. These studies, according to the publishers, consist of 'a series of monographs on special aspects of biological research, with particular reference to recent work, written by authors actually engaged in the work'. Besides the present monograph, at least two other studies, *Form and Causality in Early Development*, by A. M. Dalcq; and *Evolution of Genetic Systems*, by C. D. Darlington, have already appeared. C. H. Waddington is the general editor of the series.

FLETCHER MC CORD (LAWRENCE, KANSAS)

**EXPERIMENTAL PSYCHOLOGY.** By Robert S. Woodworth. New York: Henry Holt & Co., 1938. 823 pp.

Instead of offering a vitally new and inspiring approach to his subject, the author here presents us with a mausoleum of ancient concepts and methods based on a nondynamic, atomistic psychology which carefully avoids any fruitful theoretical implications. This is the more regrettable since a book coming from a person of Woodworth's experience and reputation cannot fail to have great influence on the teaching of experimental psychology in our colleges.

Typically free from the bias of any constructive point of view ('controversies between the schools can be happily left aside'), the author launches into a stale eclectic potpourri quite in the best tradition of the journals of academic psychology. Human behavior becomes a series of odd laboratory *curiosa* divided up into chap-



ters based on the usual academic categories (Memory, Problem Solving Behavior, Thinking, etc.). The organismic approach to the psyche as studied by the Gestalt School, the one encouragingly rebellious group of the academic field, is given insufficient recognition. The problem of motivation is thoroughly omitted.

An experimental psychology is sadly needed in the field of personality research. Also needed, however, are investigators who have enough antivivisectionist feeling to be a little more sensitive to the agonies of the personality which they are dissecting to death with their instruments of quantitation. The ability to speculate, theorize and think beyond the slide rule and the memory drum would also be helpful.

MICHAEL B. DUNN (NEW YORK)

THE ADRENAL CORTEX AND INTERSEXUALITY. By L. R. Broster, Clifford Allen, H. W. C. Vines, Jocelyn Patterson, Alan W. Greenwood, G. F. Marrian, and G. C. Butler. With a foreword by Sir Walter Langdon-Brown. London: Chapman & Hall Ltd., 1938. 245 pp.

In the foreword to this book, Sir Walter Langdon-Brown singles out the fuchsin staining cell as the pivotal point around which the various observations and hypotheses concerning virilism gain reliable anchorage. In the hands of American investigators, the special staining method described has not been impressive nor altogether satisfactory as an aid in endocrine studies. Virilism, pubertas præcox, pseudohermaphrodisism and related clinical conditions remain obscure in many directions and any hypothesis constructed to reveal and clarify this relatedness which derives its basic premise from an inconclusive staining reaction is destined to an uncertain future.

One section of the book is devoted to psychological studies. The theoretical orientation and the case histories are disappointing. No serious effort is made to distinguish between conscious data and unconscious trends. Oftentimes terms such as *homosexual* and *heterosexual* are used in so vague a manner as to leave the reader in doubt as to whether the subjects actually had overt sexual experiences or had simply shown a preference for the company of their own or opposite sex. The deeper conflicts were not explored; the material suggests primarily, concern with the subjects' attitude towards somatic alterations.

At the close of this section Dr. Allen peevishly writes: 'In this paper the psychological side has been stressed, but it has also been deliberately simplified, since, if it had not been shorn of most of its complications, it would not have been intelligible to endocrinologists and others who may read it and who have no specialist knowledge of psychopathology. Those who are psychiatrists who may be angered at the glossing over of difficult problems should remember that when criticizing it.

'It is easy to sit in one's study and attack the work of those who have spent their time at the side of the patient; there are always some points which the most conscientious must miss and some work which, through the refractoriness of the material, the limitation of the patient, or opportunity of the psychiatrist, has had to be omitted or could have been performed otherwise. All that we can do is to build as solidly as we can, and hope that those who follow shall find even the ruins of our theories worthy foundations for their own edifices.'

EDWARD S. TAUBER (NEW YORK)

## ABSTRACTS

*Über Trophäe und Triumph. (Trophy and Triumph.)* Otto Fenichel. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 258-280.

From abundant clinical material the methods of regulating self-esteem are reviewed, methods for recapturing the narcissistic feeling of omnipotence of early childhood. All these mechanisms are based upon the sharing of the weak infantile ego in the power and strength of adults, of the persons who once limited the omnipotence of the child and who therefore are considered omnipotent themselves.

The strong person has to be removed and be replaced by weakness in order to get power; or the organs that represent power have to be robbed, have to be devoured or appropriated. Another possibility is to become a part of the great one, to become fused with him, to be devoured by him. Identification is a modified equivalent of robbing and devouring. Partial identification, that is identification with an organ of the object, for instance with his penis, may replace the complete destruction of the latter. Similar mechanisms function in a certain type of homosexual, described by Nunberg, who loves strong men and who wishes to incorporate the penis of the object orally, to gain his strength in that way. Similar is the structure of certain animal phobias that are transformed later into animal love. Here the defense against anxiety is performed by identification with the aggressor (Anna Freud) that is, by taking possession of his strength. Strength and power originally are perceived materially and are represented by the mighty organs of the great: penis, faeces and so on. This is clearly to be seen in kleptomania and the psychology of collectors. Totemistic rituals (as described by Freud in *Totem and Taboo*) serve as defense against the repetition of the murder of the primal father. Here too, the incorporation of a fantasy of power is substituted for the cannibalistic devouring of the paternal body itself. Trophies are substitutes for those forcefully appropriated organs. In this group belong more immaterial values, like medals, flags, uniforms, symbols which are offered by the mighty ones in the society to the simple individual. In that way it is possible to share in symbolic form in the power of the ruling class, without sharing their power in reality. This symbolic sharing in the power of authority by incorporating the authority into the ego leading to the formation of the superego, or even giving up parts of one's own ego, seems to be one of the most important premises in every society built on authority. Compliance with the demands of the superego is accompanied by increase of self-esteem because of the ego's approximation to the authority. A particular increase of self-esteem takes place when feelings of guilt are overcome very rapidly. Then manic states result. A feeling of triumph very similar to these manic states results if it is possible to take away the power from the great ones or to take possession of their trophies without any anxiety or inhibition. Sometimes such a feeling of triumph is followed by intense anxiety, whose content is fear that the great one is alive again and comes to take revenge. In the same way the savage fears that the murdered father will reappear as a punishing avenger. This sequence resembles very much the

sequence of intoxication and hangover. The author has repeatedly observed feelings of triumph based upon the fantasy that the analyst was castrated by the patient. These feelings of triumph found their expression in vehement laughing spells. The ideas just referred to are, as the author himself stresses, mostly an extract of known psychoanalytic facts. They are put in a new and interesting order and enlarged by many new supplements which are a valuable contribution. Especially interesting is the attempt to understand in that way the psychologic bases of class society. Up to now psychoanalysts did not give very much attention to these problems, with the exception of the works of Erich Fromm.

ANNIE REICH

*Phantasie und Wirklichkeit in einer Kinderanalyse.* (Fantasy and Reality in a Child Analysis.) Dorothy Tiffany Burlingham. *Int. Ztschr. f. Psa. u. Imago*, XXIV, 1939, pp. 292-303.

As a consequence of the greater competence of the ego, open methods of acting out like playing and drawing are of less importance for psychoanalysis in the latency period. On the other hand children of that age are not yet ready to use free association and direct communication as the means of expressing themselves. Therefore daydreams and fantasies are very important. This material is mostly readily offered because its unconscious meaning is unknown to the child.

The accessibility of this material is demonstrated from the psychoanalysis of a six-year-old girl who was brought to the analyst on account of depressions and temper tantrums. It is demonstrated how, with the aid of fantasies, the different conflicts of the child are made tangible and open to interpretation and how therapeutic use is made of them. The material that is offered in that way comprises the child's wooing of the mother, her jealousy of her brother, her sexual theories and anxieties and fantasies about the primal scene.

ANNIE REICH

*Psychoanalytic Tendencies in Mental Hygiene in Switzerland, Especially in Enuresis.* Hans Christoffel. *Psa. Rev.*, XXVII, 1, 1940.

Christoffel points out that 'enuresis is a disturbance in healthy bodies', which therefore cannot be treated medically. 'Prophylaxis and treatment of enuresis constitute a purely educational problem. What is somewhat too briefly designated as enuresis is a function relationship between child and educator.' (p. 49) It is important to correct this disorder because enuresis is closely connected with character formation and sexual development.

Interesting statistics show how widely spread enuresis is in educational institutions. Among 6,304 inmates of both sexes from early childhood to adolescence in 60 institutions, 1078 or 17.10%, are chronic enuretics (20.12% of the boys, 12.57% of the girls).

Christoffel criticizes cruel methods of treatment. Waking the enuretic out of his sleep is also strongly advised against. As an expression of the functional relationship between child and educator, he advises treatment directed towards improving this relationship. Punishment and harshness have the opposite effect. The use of soporifics does not help. He also advises occu-



pational therapy. 'Fear of cold water', the only anxiety which Christoffel mentions specifically, should be overcome in playful ways, for example by swimming and diving. We certainly agree that anxieties and fantasies about water in general are an important factor with enuretics. We have not found, however, that accomplishments in swimming and diving have a therapeutic effect. It so happens that some enuretics are excellent swimmers and divers—maybe as a compensation for that fear—and yet they continue wetting the bed.

Though the author raises the question as to 'how great the necessity of a psychoanalytic-hygienic attack' on this problem may be, we find practically no psychoanalytic point of view in this paper. It is, of course, impossible or at least very difficult to apply analytic therapy to the residents of institutions. It might nevertheless be helpful to train educators and social workers to know that enuresis as a neurotic symptom has some unconscious meaning, is an expression of certain fantasies and may be analyzed.

The classification of enuresis not as a neurosis but as an 'educational problem' may be responsible for the author's disregard of the analytical findings on this subject. No comment is made by Christoffel about those cases which did not improve even under the best educational conditions and therefore demand analytical treatment.

EDITH BUXBAUM

*Zum Problem der oralen Fixierung.* (The Problem of Oral Fixation.) Georg Gerö. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 239-257.

The author attempts to define more clearly the somewhat vague conception of oral fixation. He investigates the various conditions that are termed oral fixation and tries to determine whether they are based on special qualities of the oral libido or whether there can be found a special reciprocal effect of oral impulses and specific defense mechanisms of the ego. Denying the first possibility, this interrelation is demonstrated in two cases and is stressed as the decisive factor. The particular lack of emotions of the first patient and his incapability of loving is interpreted as a defense against oral-sadistic impulses. The latter were based upon early infantile traumas, like abrupt weaning and the birth of siblings. Early independence, a strong ego and developing of normal genital sexual relations at an early age brought about a solution of the conflict characterized by diminishing of the emotions without resulting in the formation of symptoms or inhibitions. The second patient was tied by exaggerated love to her husband. She could not live without him, but though she was completely devoted to him, she was incapable of having normal sexual relations. The exaggerated love changed repeatedly to coldness and feeling of strangeness as soon as her partner showed some independence of her. The love object was loved only as long as it could be thought of as identical with the ego of the patient. As soon as this delusion had to be given up the repressed oral sadistic aggression broke loose. The author thinks that in this case oral sadistic impulses similar to those of the first patient were conquered by a different mechanism which consists in making use of oral libidinal instincts. The oral libidinal attitude substitutes the deeper repressed sadism. The author explains how rather similar instinctual set-ups result in different structures depending on the form of the defense

mechanisms and on the special qualities of the ego itself. The ego of the first patient is an early matured and independent one, whereas in the second case a disturbance in the development of the ego is very characteristic for the personalities of the orally fixed persons in general. Perhaps it seems necessary to stress this fact somewhat more than the author does. This fusion with a sexual partner is not only an expression of the patient's oral libido that is used as a defense against aggression but is primarily the sign of an undeveloped ego that is only capable of existing when fused with a strong ego of the adult love object. The retroaction of oral traumas on the development of the ego and the particular qualities and specific defense mechanism of a thus injured ego require still closer investigation to work out an applicable systematic order and a really thorough understanding of oral fixations.

ANNIE REICH

**Fehlleistung infolge unbewusster Todeswünsche gegen das einzige Kind.** (A Symptomatic Act Following Unconscious Death Wishes Against an Only Child.) Hugo Klajn. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 333-338.

Klajn describes a very impressive case of a complicated symptomatic act built up by acts of forgetting, errors, and by acts of omission performed by two persons, the parents of a young morphinist, who were worried that their son might commit suicide. This was objectively absolutely unjustified because the son had not the slightest intention of doing so. They sent him a package of clothes in which he found, to his surprise, a gun that had been included by mistake. A thorough investigation showed that this mistake had been accomplished by a series of slips. The mother had asked the father to remove the gun from his night table where it would have been too easily accessible to the son. The father intending to bring the gun to his office, put the gun in the pocket of his overcoat, and forgot it entirely. When the package was to be mailed to the son, the father proposed to the mother that they send the son the father's overcoat because the son might need it more than he did. The cautious mother looked through the pockets of all the clothes to make sure that no morphin was hidden there, and in one of the pockets of the overcoat she placed a camera; but she omitted to examine the pocket containing the gun.

OTTO FENICHEL

**Die Wirkungen der Erziehungsgebote.** (The Effects of Commands in the Rearing of Children.) L. Eidelberg. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 281-291.

In an earlier paper (*Imago*, XXI, 1935) the author investigated the effect of prohibitions in the rearing of children and in this paper he treats of the effect of commands. Whereas prohibitions cause damming up of drives and narcissistic insults, commands effect satisfaction of a drive and narcissistic insult simultaneously. This is demonstrated by an example of early feeding education. Three different reactions to change in food routine are described.

The persistence of these reactions in adult neurotics is exemplified by three patients. Their symptoms represent an attempt to attain satisfaction but to avoid the narcissistic insult they experienced in childhood when the command was pronounced. Various patterns of 'normal' behavior are drawn, some of which seem distorted to the reviewer. The author will discuss the application of this thesis to education and psychotherapy in a further paper.

It is the opinion of the reviewer that the effects of prohibitions and commands on the child cannot clearly be described in such a general sense and that they cannot be reduced to so minimal a number of factors as presented in this paper.

KURT ZEISLER

**The Correlations Between Ovarian Activity and Psychodynamic Processes: 1. The Ovulative Phase.** Therese Benedek and Boris B. Rubenstein. *Psychosomatic Med.*, I, 1939, pp. 245-270.

The combination of day-by-day study of vaginal smears and bodily temperature with the material obtained from daily psychoanalytic interviews, gave precise insight into the biological cycle of the woman. Both methods prove to be so reliable that the day of ovulation could be diagnosed.

Seventy-five cycles, twenty-three of them ovulative, were studied. (The study of the premenstrual and menstrual phase will be published later). The extremely interesting and stimulating results are difficult to summarize:

1. The estrogenous phase of the cycle is characterized by active heterosexual libido (oestrone hormone). The psychoanalytic material shows desire for heterosexual gratification which may turn in the case of neurotic women to aggressiveness or fearful defense mechanisms: the 'preovulative tension'.

2. The corpus luteum phase is characterized by passive and dependent behavior (erotization of the female body, preparation for motherhood).

3. The ovulation phase is characterized by the sudden increase of luteum hormone and the sudden decrease of oestrone hormone. The patient shows a further influx of narcissistic erotization.

In the conclusion it is stated:

- (a) That oestrone activity (follicular hormone) is related to heterosexual desire on a genital level. In neurotic cases it is related to an activation of aggressive and incorporative tendencies (penis envy, castration wish), to masochistic concepts of female sexuality and their defense reactions (fear of being attacked and masculine protest).

- (b) That progesterone activity (corpus luteum hormone) is related to passive receptive tendency on a genital level—the desire to be loved and the wish for impregnation. These tendencies may be elaborated in neurotic women on regressive level in the form of oral receptive and oral dependent wishes.

The oestrone production covered the time of follicle ripening and the late preovulative phase. The progesterone production covers the time of actual ovulation and the postovulative time.

The authors try to bridge the gaps between physiology and psychoanalysis with the help of graphs, schemes, diagrams, tables. The reader looking from the bridges to the rapidly flowing stream of histological descrip-

tions, anatomical findings, endocrinological terms, physiological facts, psychoanalytic formulations, interpretations and case histories, agrees full-heartedly with the author's final remark: 'This method affords an approach to the study of the biological foundations of instincts'.

MARTIN GROTJAHN

**Some Cardiovascular Manifestations of the Experimental Neurosis in Sheep.** O. D. Anderson, Richard Parmenter, Howard S. Liddell. *Psychosomatic Med.*, I, 1939, pp. 93-100.

It is possible to make sheep 'neurotic' when positive and negative signals are closely similar or when long delayed reactions are attempted and when regular alternations for signals announcing a 'mild' electric shock and no shock are separated by equal rest periods. The three 'neurotic' sheep show overreaction to stimulation, extreme restlessness, irregular and rapid respiration. A detailed case history of a neurotic sheep showing a cardiac disorder is given. It is worth while to mention that this sheep showed a peculiar behavior even before it was used for experimentation in the laboratory. The cardiac disorder was characterized by rapid and irregular pulse, extreme sensitivity of the heart's action, spontaneous variation of its rate, premature beats and sometimes coupled rhythm. It would be better to call these sheep shocked, confused, traumatized or frightened than to use the misleading term neurotic. Some of the animals are under observation for seven years, but nothing is told about their instinctual life.

MARTIN GROTJAHN

**The Hypothalamus: A Review of the Experimental Data.** W. R. Ingram. *Psychosomatic Med.*, I, 1939, pp. 48-91.

The variety of functions attributable to such a small structure as the hypothalamus seems incredible. A review of four hundred papers covering experimental data is given.

MARTIN GROTJAHN

**Hypothalamic Functions in Psychosomatic Interrelations.** Roy R. Grinker. *Psychosomatic Med.*, I, 1939, pp. 19-47.

A detailed review of eighty recent contributions to study of the hypothalamic functions is given. Of interest for the psychoanalyst are the reports about the sleep regulating function of the hypothalamus and the statement, 'regression in the psychoneuroses and organ neuroses probably does not extend lower than the hypothalamus'.

MARTIN GROTJAHN

**The Application of Psychoanalytic Psychiatry to the Psychoses.** Dexter M. Bullard. *Psa. Rev.*, XXVI, 1939, pp. 526-534.

'Everyone who analyzes psychoses is doing pioneer work', says Fenichel in his *Outline of Psychoanalysis*. An alert and courageous group of such pioneers have headquarters at Chestnut Lodge, Rockville, Maryland. The physician-in-charge, Dr. Bullard, sketches in this paper some of the basic and ele-



mentary principles in a specifically psychoanalytic approach to psychotic patients. History taking is enriched by the physician's psychoanalytic understanding. Attention is then devoted to what the sick patient unwittingly reveals about himself by attitude, behavior, and speech, it often being necessary to read between the lines for the significance. Equally important perhaps, is a similar awareness of the attitudes of relatives: 'One may occasionally anticipate the concealed hostility of some relatives by being alert to the implications of their wishes in regard to patients. . . . The husband of an agitated, suicidal patient said he felt so sorry for her he wanted her to get some rest, so he sent her drugs in a carton of cigarettes. She achieved a very long rest and now he is attempting to set aside a will which disinherited him.'

Especial care is taken in the approach to patients lest a nontherapeutic transference be set up, as when a physician's naively superior or judging manner serves as a barrier to the tentative pseudopodia put forth by a shy personality. The mental status is obtained gradually and informally without any probing of such sore spots as details of sex life or any questioning that might be regarded as an accusation. Questions about sensorium such as absurdities are omitted lest they distort the relationship. 'Rather, we ask the patient to tell us what he can of his difficulties—mindful of the fact . . . we may not be the person he can confide his innermost feelings to in a first interview. It is often helpful in establishing rapport, to say to the patient, that we know it is difficult to reveal much of himself to a person he knows but slightly and that we do not expect him to talk about anything that he doesn't wish to. This may result in much more being elicited than can be a bland assurance that the physician is his friend and everything he says will be held in confidence. Past experience may have taught him quite the contrary.' Likewise with the physical examination great care is needed that it may not violate the psychotic ego, as by taking a rectal temperature in case of panic, or by lightly assuring a patient with somatic complaints that 'there is nothing the matter with him', thus, as he may indignantly conclude, making him out a liar.

With such pathologically sensitive patients as the psychotics are, chance remarks may be unintentionally barbed. A friendly nurse remarked jokingly to a paranoid who was watching a bridge game, 'Are you the fifth wheel?' and set off a long-lived fury at the alleged insult. Even the failure to greet each patient in a group individually may be regarded as a slight by one with excessive feelings of inferiority. One might conclude that the personnel must have to learn to be pretty adept at tiptoeing around the psychotic ego, but fortunately a fundamentally good attitude towards these patients, informed by some understanding and instruction, automatically guides one's steps.

The paper does not go into the more detailed aspects of psychoanalytic technique with psychotics, since this would have been inappropriate to Dr. Bullard's audience, the Southern Psychiatric Association. For further descriptions of the Chestnut Lodge approach, reference might be made to Bullard's paper, *Organization of Psychoanalytic Procedure in the Hospital*, presented in San Francisco in 1938, and Fromm-Reichmann's recent paper, *Transference Problems in Schizophrenia*.<sup>1</sup>

JOSEPH CHASSELL

<sup>1</sup> This QUARTERLY, VIII, 1939.

Euphoric Reactions in the Course of Psychoanalytic Treatment. B. Mittelman. *Psa. Rev.*, XXVII, 1940, pp. 27-44.

A transient, mild, euphoric reaction characterized by elation, exaltation, hopefulness, talkativeness, increased activity and appetite, without flight of ideas but with concomitant awareness of anxiety is observed occasionally in the course of psychoanalytic treatment.

Three euphoric reactions during the analysis of a woman, aged 28, treated for attacks of anxiety, homosexuality and various disturbances in social relationships, are discussed in detail. They occurred when the patient successfully worked on an essential problem, but still used a pathological device. They were 'attempts by the patient to enable herself to function in various situations in a manner she had not been able to heretofore'.

The author limits his investigation mainly to the patient's present situation, giving particular emphasis to the patient's attitude towards the analyst. He applies the concepts of Karen Horney to this problem.

KURT ZEISLER

Terrorization of the Libido and Snow White. A. N. Foxe. *Psa. Rev.*, XXVII, 1940, pp. 144-148.

Where an organ is invested with libido we say it has been libidinized or cathected. We know that a libidinization may tend to diminish anxiety. We do not have a verb in the terminology to describe what occurs when an individual is threatened with castration. He becomes 'anxious' or 'is placed' in a state of anxiety but there are no specific terms. It is proposed to call such a state 'terrorization of libido'. The tale of Snow White is a striking example of this process of terrorization.

MARTIN GROTHJAHN

## NOTES

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its forty-third annual meeting in Richmond, Virginia, at the Hotel Jefferson, from May 4th through May 7th, 1941. The officers are: A. A. Brill, M.D., Honorary President; David M. Levy, M.D., President; George E. Daniels, M.D., Vice-President; John M. Murray, M.D., Secretary; Helen Vincent McLean, M.D., Treasurer.

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THE EDUCATIONAL COMMITTEE of the *New York Psychoanalytic Institute* announces a course of five sessions entitled War Neuroses, to be given by Dr. Abraham Kardiner on Tuesday beginning April 1st through June 3rd. This course is planned to cover the acute and chronic forms of neuroses engendered by war. The clinical types, the psychopathology, treatment of acute and chronic forms, and organization for treatment and the forensic issues involved will be discussed.

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A subcommittee of the MILITARY MOBILIZATION COMMITTEE OF THE AMERICAN PSYCHIATRIC ASSOCIATION has recently been appointed to deal with matters of civilian mental health. Among the questions under consideration is that of the availability of psychiatric personnel. Dr. D. Ewen Cameron, chairman, says: 'We can say with reasonable justification that it seems probable that a considerable shortage of psychiatric personnel available for service to the civilian population will arise if the armed forces call for psychiatric assistance to the extent which now seems possible. It is at present impossible to tell whether the increasing dislocation of civilian life attendant upon the speed-up of rearmament will result in a rise in the number of adjustment difficulties. The reports upon this issue from other national groups are conflicting. It seems certain, however, that the load upon the psychiatric personnel will be increased by two factors. The first is the psychiatric examinations now going on at the draft boards and the induction centers will result in detection and rejection of considerable numbers of poorly adjusted individuals. The responsibility for the care of these men will be passed back to the psychiatrist in civilian life. The second factor is constituted by the constantly widening territory into which the psychiatrist is called to enter in his efforts to control behavior. The great acceleration in the rate of social evolution and disintegration which is now going on will certainly lead to the psychiatrists' assuming still wider responsibilities.'

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THE SOCIETY FOR PSYCHOTHERAPY & PSYCHOPATHOLOGY of New York has appointed a committee headed by Dr. Bernard Glueck to arrange for the publication of one or more of the books of the late Dr. Paul Schilder. Contributions to make such publications possible may be sent to the secretary of the committee: Frank J. Curran, M.D., 404 E. 55th Street, New York City.

COMMONWEALTH FUND FELLOWSHIP IN PENAL PSYCHIATRY, 1941-1943. A fellowship in penal psychiatry in the University of Pennsylvania, provided by the Commonwealth Fund is now available. Term of fellowship—two years. Stipends: \$2400 for the first year; \$2800 for the second year. Minimal qualifications specify graduate physician not older than thirty-five, having accredited internship and at least two years of acceptable psychiatric training. Address inquiries to Philip Q. Roche, M.D., Secretary, Committee on Medico-Legal Fellowships, 255 So. 17th Street, Philadelphia, Pa.



# AN IMPORTANT FACTOR IN EATING DISTURBANCES OF CHILDHOOD

BY EDITHA STERBA (DETROIT)

Among all the problems which neurotic disturbances of children present to those who have to deal with children of an early age, eating difficulties are the most important. Mothers usually have complaints about current disturbances over eating with at least one of their children. Psychological research in the feeding problems of children, if only from the standpoint of number, is one of the most important tasks for the psychotherapist of children. The localization of these difficulties points to the oral origin of eating difficulties. We assume that the oral zone, as far as its libidinal significance is concerned, reaches from the lips to the pylorus and we find in most cases of typical psychogenic eating disturbances oral instinct elements and their elaborations. An exaggerated resistance to weaning from the mother's breast, pathological reactions to the change from liquid to mashed and solid food, persistence of thumb-sucking, are typical in the anamnesis of eating disturbances. The inhibition of oral sadism which leads to the avoidance of biting and chewing, also has to be attributed to the oral source of eating disorders.

A survey of hysterical dysfunctions of eating among adults teaches us to mistrust the assumption that only oral instinct quantities are at the basis of eating difficulties. The mere fact that hysteria, an illness originating from the genital level of development, so often shows oral symptoms, indicates that instinct quantities of origins other than oral can use oral symptomatology for their expression.. Behind the mask of orality we find intensive genital wishes, chief among which is an unconscious wish for fellatio. The defense against such wishes is expressed in the form of anorexia, dysphagia, nausea and vomiting.

Since the typical eating difficulties among children reach a climax, as a rule, before the child attains the genital phase, one

might expect to find genital material in insignificant quantities. It is my observation, however, that in the typical eating problems of children too, instinctual quantities from other erogenous zones can be displaced to the oral region. The knowledge that what appears to be oral may be a displacement to the oral zone in the pregenital stage of development is of therapeutic significance in many cases of eating difficulties because, in such cases, analysis of the oral material alone yields either defective therapeutic results or none at all.

The first observation has to do with a little girl of eight and a half months, whose parents had sought my advice from the time of her birth. After a normal birth and nursing period, she had developed without any complications, was unusually strong for her age, never ill, and was a particularly good, quiet and friendly infant who, without being spoiled by too much love, was affectionate. The mother was especially happy because the baby was so easy to feed, was always ready to eat any new kind of food without fussing, had a good appetite and ate quickly whatever quantity of food she was given.

The mother, therefore, came to me at once for advice about the first feeding problem she encountered. It was quite incomprehensible to her that this child who had been easy to nurse and had changed from the breast to a bottle without the slightest fuss, who at being weaned had not shown the slightest reaction and had never missed a meal, suddenly refused to eat at all. The infant was fed in a high chair in which she had been eating very well for a month. One day, after the first three or four spoonfuls, she flung herself backwards, stiffened, and pressing her lips tightly together became red in the face and refused to take another mouthful. The food was the same as usual, the feeding time the same, and fed by the same person. The incident recurred at each successive feeding. The mother sensibly did not try to use force, but at once sought advice after two consecutive days. There was no sign of any organic illness, and as the child ate plenty of dry bread of its own accord between meals, it was certain that the refusal of food was psychogenic.

Exhaustive questioning about the child's feeding failed to give any clue. I then inquired about the child's toilet training. There had been no difficulty about this either. On the contrary, following my advice to begin toilet training late, it was only a fortnight since the mother had first put her daughter on the chamber. She understood at once what was expected of her, and after three days she was using the chamber several times daily, urinating and defæcating promptly without the slightest protest. The mother had been particularly surprised that unlike her first child, this baby did not try to stand up from the chamber or refuse to sit on it. 'Only once', said the mother, 'she flung herself backwards and stiffened, when I wanted her to sit on the chamber. But that only happened once, and then there was no further difficulty.'

Without telling the mother my assumption about a connection between the toilet training and the eating problem, I simply advised her to give up the use of the chamber for a time. She followed my advice immediately and the next day reported that the little girl was eating as before, quickly and with good appetite, all that was offered her. There was no recurrence when some months later the mother resumed the toilet training.

The mechanism operating in the eating disturbance of this little girl is clearly a displacement from the anal to the oral zone. What was displaced, however, was not a direct instinct satisfaction but a refractory defense reaction. The anal rebellion against giving out becomes at the mouth reversed to a refusal to take in. The trouble with feeding had nothing to do with the oral zone; it was a strike against the anal demand. But why is the obstinate refusal displaced to the oral zone instead of expressing itself at the point of origin in a refusal to accede to the requirements of toilet training?

We may assume that the reason for this displacement is economic. The infant is well aware that soiling the diaper worries its mother much less than a refusal to eat. The mother's manifest anxiety about a child's rejection of food gives it a powerful weapon; the refusal to use the chamber

leaves her relatively unmoved. The reaction in the child is instinctive, and certainly not due to calculated reasoning.

A second observation is of a little girl whose parents consulted me regularly from her birth for advice about her upbringing. At twenty months she was a normally developed, intelligent, strong and healthy child. Her weaning had been easy and uneventful. The child had never presented the least feeding problem. She had never had an upset stomach, never lost her appetite or vomited. At the time of the incident I am now going to describe she was able to understand everything that was said to her and could express her own thoughts in an understandable fashion.

When she was nineteen and a half months old, bowel and bladder training had been successfully completed without complications. Beginning at six months, she had been put regularly on the chamber, at first for several weeks once a day, then twice, then more often. What was expected was explained gently to her without any pressure or urging. She was praised when she complied, but no anger or indignation was shown when she wet or soiled her clothes or when she failed to use the chamber. Now always clean during the day, she often wet herself at night, would wake up and demand a 'dry diaper'. She was very proud of her accomplishment and never failed to call attention that she had done 'number one' or 'number two' and invite the parents or the nursemaid to observe and admire. She made no attempt to play with the faeces or splash in the urine, probably because she had been allowed to knead plasticine and to play with water in various games. She never refused to be placed on the chamber and performed quickly; in short, she appeared to have gone through the process of toilet training with remarkable ease and without the least feeling of guilt or anxiety when she still wet herself. Perhaps for this reason the nurse may have become insistent, since the little girl seemed to understand so well that she be consistently clean.

Approximately two weeks later eating difficulties suddenly appeared. She ate lunch with her parents, fed by her mother.



She was proud to sit with the family and always ate quickly and heartily. Suddenly she began to retain solid food in her mouth so that she accumulated a mouthful which she could neither chew nor swallow. Told to swallow, she attempted to do so, choked and vomited what she had eaten. She had never previously vomited. The retention of food in her mouth persisted unchanged without the least clue to the cause. On the fourth or fifth day after she had collected a large quantity of food in her mouth, she began to cry fearfully 'tooly, too!y', which meant in her language that she wished to have a bowel movement. Placed immediately on the chamber, she appeared to be very uneasy that her drawers would not be opened fast enough and she sat on the chamber anxiously for quite a while before her bowels moved. As she was accustomed to be put on the chamber after her noon meal and before her afternoon nap, this occurrence did not strike anyone as unusual, since they thought that this time she had merely felt the desire to sit on the chamber earlier. However, her anxious whining was entirely out of harmony with her usual happy disposition.

On the following day there was a repetition but with a minor variation. With her mouth full, she again cried out, 'tooly, too!y', began to cry fearfully and suddenly shrieked out in despair, 'It is already in my panties'. She was found to have a tiny bit of faeces in her drawers and was entirely beside herself about it. She begged to remain on the chamber despite all reassurance and comforting, although it was perfectly clear that she had not the least need to empty her bowel.

Small incidents were now recalled from preceding days which showed that she had not accepted the training in cleanliness without conflict. Occasionally she became fearful that she would dirty her drawers despite repeated assurances that it would not matter if she did. She stated frequently: 'Mammy is angry, when my panties are wet'; 'Daddy is angry, when my panties are wet'. When this was energetically denied, she would say, playing her last trump, 'But I angry myself, when my panties are wet'.

A new and exaggerated tidiness was now to be observed in

her. Bottles, jars and various other toilet accessories on a table were daily arranged in the same order and she watched vigilantly that this order was kept. 'No, that belongs over here', she would assert, putting the object in the proper place. She insisted that all the bottles have their stoppers replaced immediately after being used; when it was neglected, she did it at once herself.

Freely permitted to play with dirty things—digging in the coal bin for instance—she became overnight fanatically cleanly. 'My hands are all dirty', she would cry in despair when no dirt could be seen on them. She became particularly distressed whenever her hands got sticky from jam or candy. 'It is sticky', she would cry heartbrokenly, 'It is so sticky'. Once during this period her mother tried modeling plasticine with her. She deliberately made her hands very dirty and then took the child's hands in her own. The little girl drew back as if terrified: 'It is sticky', she cried, 'and it smells; it smells awfully bad'. She had been playing with plasticine for nearly a year and had never objected to its odor before.

She had clung tenaciously to a particularly beloved possession dating back to her nursing period. It was a dribbling cloth, somewhat smaller than an ordinary bib, about the size of a woman's handkerchief. Although she had been weaned at six and a half months and showed no reaction to it, after weaning as she was going to sleep, she would always demand to have the little bib that she had worn when she was being suckled at the breast. She would press this against her cheek with one hand and go to sleep contentedly sucking her thumb. At this early age she could not be fooled, and whenever an attempt was made to substitute a diaper or a handkerchief for the dribbling cloth, she became very angry. The first distinct syllable that she pronounced was a name for this cherished possession which she called her 'my-my'. At seven and a half months she would clasp it tightly and if one in fun tried to pull it away, she would protest 'my-my'—meaning 'mine, mine, it belongs to me'. This became a favorite game in which one could plainly observe the development of the feeling of possession. The 'my-my' was both her comforter and her protection

in all the difficulties and dangers of her small life. When she was vaccinated, the 'my-my' was her best soothing draught for the pain. Other children playing in the park sometimes took her toys from her. She would then cry for her 'my-my', suck her thumb a little while and be quite consoled.

During a walk her father took with her one afternoon, she suddenly asked urgently for her 'my-my'. It was given her, whereupon deliberately, with a definite aim, she threw it at once into some dirt in the street. Her father did not want to give her the dirty cloth again. She demanded it however, began to cry, which very seldom happened with her, and as soon as she got it back, immediately threw it into the dirt again. This was repeated several times, during which her little face showed clearly the desperate conflict of ambivalence raging in her.

The indissoluble struggle between wanting 'to keep' and 'to get rid of'—shown so clearly in this child's behavior—had become so intense that it became necessary to help her. The morning following the walk with her father she was found sitting in her bed playing with string beans. When she saw her mother, at once she cried out, 'tooly, too!y'. Her mother started to put her on the chamber, she objected, exhibiting the anxiety and restlessness of the day before during the game with the 'my-my'. 'You may keep back your stool as long as you like. You need not use the chamber', the mother said with emphasis. 'You may do it in your panties if you want to.' Thereupon the child jumped up happily, crying triumphantly, 'I have swallowed up the beans. They have all been swallowed.' From this moment the eating troubles disappeared entirely. She accepted, chewed, and swallowed her food with relish, but also from this time on, she wet herself throughout the day and always contrived so that directly after her afternoon nap, before anyone came to her, she defæcated in her diapers, never failing to point out, 'Already in my panties; everything is all wet'. She was put regularly on the chamber but was allowed for three weeks to wet and soil without any trace of criticism.

Some time later she began to question her mother and her

nurse about whether they too had wet panties. This was taken as an indication that the time had arrived to make demands of her again. She was told: 'Grown-ups never have wet drawers. That happens only to little babies who don't understand that clever little girls go to the toilet.' The little girl was very ambitious. She asked repeatedly that this be explained to her, and it was visibly painful for her to realize that there was something she could not understand. Within a few days she was able without fuss to remain clean the whole day, and with only an occasional exception, used the chamber regularly.

This example illustrates clearly the close interrelation between the oral and anal zones and the substitution of one for the other. This child was in the difficult position, for her, of having not only to learn to give up the content of her lower bowel, but to comply with the demand of her nurse that she should give it up at a stipulated time. This could not be done without resistance on her part, since the tendency to retain, as we have seen, was already very strongly developed in her. The conflict between giving and withholding was expressed very clearly in the game with the 'my-my' which was an oral fetish from the nursing period. The intense feeling of possession for it, bespeaks a strong anal cathexis, in this phase of development ownership and faeces being definitely connected in their psychic meaning.

Not only do anal processes come to psychological expression through the orally charged bib, but in the mouth itself a similar substitution takes place. The defiant accumulation of food in her mouth has the same value as withholding the content of her bowel. The correctness of this interpretation is shown by the fact that from the moment she was permitted to withhold faeces as long as she wished, she renounced the anal withholding of the lump of food in her mouth. It no longer served the anal substitutive function.

In these cases effective therapy depended wholly on an understanding of the displacement of anal reactions to the mouth zone.



# THE RÔLE OF DETECTIVE STORIES IN A CHILD ANALYSIS

BY EDITH BUXBAUM (NEW YORK)

Detective stories are a recognized part of our literature. Both adults and children become absorbed in them and are equally impatient of interruption. For the adult they are accepted reading, but the child must often hide his stories and read them in secret. Some educators think they should prevent their pupils from reading detective stories or at least discourage it as much as possible. But experience teaches that such measures as prohibition, criticism or efforts to influence the child's judgment result merely in greater caution against detection.

When reasoning and advice both prove powerless before a child's misbehavior or habit, we may attribute to it an unconscious significance. In an article, *The Penny Dreadful*,<sup>1</sup> Hans Zulliger analyzed one of these adventure stories and disclosed its unconscious meaning for a boy whose favorite story it was. He found that by reading detective stories this boy was able to ward off his anxiety.

In an analysis of a young boy, I had an opportunity to study a compulsion to read detective stories.

Charles began the analysis at the age of twelve. He was a large, handsome boy with an open countenance but very reserved manner. His paternal uncle brought him to me because of severe anxiety and difficulties in learning. Charles, his mother and a sister about two years older lived with this uncle. His father had died two years previously. The mother suffered from epileptic attacks which occurred usually at night. Although he shared the bedroom with his mother, Charles was said to take no notice of them, indeed to continue sleeping.

In the first session, Charles told of his fear that a man might leap upon him from the darkness and choke or crush him. He was afraid to open his eyes for fear someone might be looking at him. In the second session it transpired that Charles' diffi-

<sup>1</sup> *Ztschr. f. psychoanalytische Pädagogik*, VII, Nos. 10-12.

culty in learning did not originate from a lack of intelligence but from a compulsion to read detective stories. He had them with him always, at home and at school, and read them instead of studying. When he tried to study he could think only about the stories. When he finished one, he seized upon the next with which he was always provided. He behaved like an addict who is afraid of going to pieces without his accustomed narcotic. They were cheap stories of the most sensational type, forbidden to public sale but nevertheless always obtainable by boys who wanted them.

Charles' hero was the detective, invincible, generous, far-seeing and clever. Naturally he had chosen the detective as his ego-ideal and wanted to be like him. Furthermore, he was fascinated by the different ways that a person could be done to death. He enjoyed the shudders that the horrors described gave him and recalled the cruel things which children do to animals. But even animals are not defenseless. He recounted a fearful tale of a teamster who had blinded both his horses and kicked them in the belly. One day they forced him against a wall and crushed him. Since Charles' starting point was the detective stories with their human actors, we were curious to know whom the unhappy and abused, yet dangerously vindictive animals represented.

In the next session Charles answered our question. He complained bitterly about his sister who teased him. She was the uncle's favorite. When he and his sister quarreled, she kicked him. He was therefore the tortured horse and she the cruel driver. He would like to have taken revenge upon her as the horse had upon the driver. He defended himself from her by interposing a chair, 'So that I would not hurt her'. It was remarkable how often she was hurt by the chair through her own clumsiness!

Since we knew of Charles' fear of being choked and crushed, we could assume that he identified himself with the victim or victim-to-be of the detective stories. His relation to his sister was the first hint that he might also be the murderer. In addition to an identification with the detective which he readily

admitted, he had other rôles. He played the murderer and victim as well.

As a token of his confidence, he next brought me a detective story. It dealt with ghosts in which Charles, of course, did not believe. But spiritualism was another matter; as for hypnotism, that was dangerous. One could get sick and even die from it. He was afraid that a man might be looking at him in the dark; that was why he kept his eyes shut. The man might hypnotize him and during hypnosis forbid him to call for help and then throttle him.

In the following session he remembered that at about the age of seven he had suffered from breathlessness and a fear of choking to death. In preparation for a tonsillectomy when he was five, his mother had told him it would not hurt, and he had not been afraid. He was angry at her for misleading him. He thought next of the death of his father who died when Charles was ten. His description of the death was rather strange and proved later to be not quite accurate. According to his version, the father 'put out his tongue and fell over'. He concluded the hour with an account of 'something odd'. He used to live on a farm where there were hogs. When the hogs had been 'cut underneath', they were not allowed to lie down. He had kept them moving and had ridden on their backs.

Charles, it proved, had looked upon the tonsillectomy as a castration such as had been performed upon the hogs, and had suffered severe pain and fear of death. In this connection Charles told of a similar traumatic experience about a year later. A dentist had extracted one of his teeth under gas. Charles had been unable to cry out or resist because of the anæsthetic which had rendered him helpless. He suspected that his father had been rendered defenseless in a similar way and then killed.

The father's death and his fear of castration were directly related in Charles' mind. He had spoken of his father in immediate association to the ghost whom he feared to see gazing at him. Later he recalled his father saying to him

during a confidential talk, 'But surely you don't do *that*, do you?' This prohibition of masturbation had caused Charles to hate his father and wish him dead. Charles added, 'Shortly after, father died'. Charles felt vaguely that his hatred and death wishes had killed his father. Fear of the ghost was moreover a fear of being discovered masturbating and of punishment in the form of castration, as well as fear of death in revenge for his father's death. In keeping his eyes tightly closed, Charles' feigning not to see was shutting out the fearsome vision of his father's ghost. The description of his father as 'falling over' suggested the probability that the epileptic attacks of the mother had a greater part in his anxiety than was apparent.

The characters in the detective stories embodied the various rôles which Charles himself played in fantasy. The victim who was taken prisoner, put in chains and drugged or poisoned was himself in the grip of the anæsthetic. Helpless and in great danger, like the pigs before castration, or his father before death, he was about to face his unknown persecutor. In Charles' fantasy, this individual was as mysterious and unknown as the villain of the stories. Every person in the story, even the detective himself, might be the murderer, and was under suspicion. Similarly, Charles was suspicious of his mother, uncle, doctor, nurse.

Following the painful memories disclosed in these sessions, there was a period of resistance. He continued to bring me detective stories, and recommended in particular Mahatewa's Noose which had relevance to the acuteness of his fear of being choked. This was a period of intensified anxiety and one day he stayed at home suffering from an 'attack of breathlessness'. He acceded to my request to come to the session despite his attack and told me that after accompanying a friend home, he had to go through dark and gloomy streets to return to his own house. Fearing a man might jump out from a doorway and throttle him, he had run all the way home.

Very cautiously Charles started to complain about his uncle who was strict with him and refused him permission to do



everything he enjoyed doing. He confiscated the detective stories which Charles was forced to read in secret. This was not true; the uncle had given his full permission. He complained above all that his uncle preferred his sister and sided with her in their quarrels. By contrast, he told of the uncle's taking part in his play, giving him presents and otherwise indulging him to a great extent, probably more than his father would have done.

A detective story with a menacing claw on the cover brought associations to the various ways of killing animals. He told of the great pleasure he experienced in watching the slaughter of bulls, hogs and chickens. He had never killed an animal himself from fear of its rage before it was mortally wounded.

During the Christmas holiday, in a game of 'Indians', Charles' uncle was bound by the other children. Charles did not assist in tying him up, only 'gave them the rope'. At the time he had reveled in fantasies of gagging the fettered man, rendering him defenseless and cutting off his genitals. He added, 'If you can't help yourself, you get wild with rage—so wild that you could kill anyone who is holding you.' Held against his will, anæsthetized, and having his tonsils cut out, Charles had been 'wild with rage' and wanted to retaliate. It had been his father then. After his father's death the rage was transferred to his uncle, for the uncle was in control now. The boy held his uncle responsible in fantasy both for the operation and for his father's death. In his fear of attack on the street, he was afraid that a man would throttle and kill him. What the uncle had done once he might do again. In addition, Charles feared unconsciously the revenge of his uncle and of his father's ghost for his own rage and hatred towards them. Hatred was uppermost in his every thought and feeling about them. The uncle was still more dangerous than the father because he had taken the father's place as Charles had wished to do. He felt powerless to act against him, just as he did not dare to kill animals.

The detective story provided a medium through which Charles could commit murder as well as be the victim. He

acted this out with a flashlight which he had received on Christmas. He played at flashing the light in his own eyes. He was both detective and criminal; he must watch himself to save himself from his own murderous impulses.

In the period which followed, Charles' sadistic fantasies were directed chiefly towards a schoolmate with whom he acted out some of them. From the description given, this boy was suffering from chorea. He thrashed about with his arms, grimaced and made meaningless movements, especially when he was angry. Charles justified his bad treatment of the boy on the grounds that he had stolen his fountain pen and had 'cheated and lied to him'. One day he reported that he had stuffed his muffler into the boy's mouth to gag him, and then bound him with a belt. He brought muffler and belt and a large pocket knife, suggesting that he would have liked to play the same game with me.

The resemblance to him between the epileptic mother and the choreic classmate was established. The boy's spitting was comparable with her foaming at the mouth, and the muffler with the handkerchief thrust into her mouth to prevent biting the tongue. He had, moreover, transferred his attitude towards his mother to me. Up to this time there had been no mention of his mother's attacks. At the beginning of the analysis she had been in a sanitarium for another ailment. The allusion to her illness had been general and omitted any reference to the convulsions which were not occurring at that time. Now that she was at home his associations revealed that he was familiar with the onset and the course of her attacks. He became much preoccupied with the subject, and I therefore felt justified in discussing it with him.

In the following session he gave a detailed account of another attack his mother had had. Hearing his mother's rapid breathing he thought, 'Oh, gee, it's beginning again!' Then she fell out of bed. (In the first session he had reported sleeping well except 'when the covers fell off'.) By the time he was thoroughly awake, his mother was unconscious, foaming at the mouth, her body twitching. It so terrified him that he covered

himself and pretended to be asleep. He added that he was not afraid of his mother, but he had been afraid of a beggar whom he had seen in an epileptic attack. No one had ever talked with him about what ailed his mother. A little later he vouchsafed that he had been most afraid that the beggar would fall on him or leap at him, carrying him to the ground when he fell. His current dreams expressed fear of being pursued and of falling: he was for instance running through a forest, chased by someone and he fell into a pit.

His fear of falling included a fear of catching or of inheriting his mother's sickness. But chiefly the fear of falling was the feeling of persecution by the father-uncle-surgeon, and by his mother who had deceived him about the operation, had held him, 'threw herself on me' as he said, so that he could not defend himself. Describing his impression of the anæsthesia he had said, 'Women [his mother and the nurse] overpowered me'. The charges he made against the schoolmate of lying, deceiving and stealing from him—of these, he directly accused his mother.

In the game of 'Indians' he had not taken an active part but only provided the ropes to bind his uncle. In his acting out with the schoolmate, he did gag and fetter the boy, which he had not dared to do to his uncle. The choreic boy and the epileptic beggar were in his fantasy both males afflicted with the dangerous 'falling sickness' of his mother. Thus we see that Charles' 'persecutor' was a combination of his mother and the uncle who was also the displaced father. If this persecutor should attack him, Charles, like his mother, would fall down, and be castrated, become a woman. Charles would prefer to overthrow the man. In terms of his detective stories, he would have preferred to be the murderer rather than the victim. His play with the flashlight confirms this interpretation.

The measures taken to relieve the mother during an attack all represented violence to Charles. According to his fantasies acted out with his classmate, the handkerchief put into her mouth was a form of restraint. When the doctor came he gave her an injection which according to Charles, 'paralyzed' her, and he did something else which Charles could not explain.

In the next session, Charles spoke of some moving pictures he had seen of the capture of Andreas Hofer, of a fight between a boa and a crocodile in which the crocodile's back had been broken, of a gorilla's attack on a man. He recounted the horrors which occur in such struggles, of being made deaf and blind and speechless, of losing arms and legs, and of breaking one's nose. To be protected against these atrocities, one must be stronger than the uncle who, in Charles' fantasy, was the strongest of all because he had done away with his father and substituted himself.

From his associations one could reconstruct what strongly suggested memories of a primal scene revived by the mother's nocturnal convulsions, a primal scene of which he had been a frightened and passive witness. In his unconscious fantasy, his father's participation had resulted in his father's death. As a detective or a witness he must try to protect the persecuted mother, and at the same time protect himself from her and the uncle. He must be able to overcome his uncle as he, in Charles' fantasy, had overcome his mother and his father. He read detective stories to find out how to protect himself from this danger. He was distressed by those stories which turned out badly because they failed their purpose of allaying his anxiety; rather they increased it.

After the relationship between the fear of the persecutor and the illness of his mother had been established, Charles' urgent need to read detective stories ceased except in periods of great resistance or increased anxiety when he would seize upon them again. He was outspokenly dissatisfied with them and finally rejected them as stupid and foolish—always the same and always untrue.

The analysis of the detective stories covered a period of six months and was divided into three phases. In the first Charles was identified with the victim, the manifest content of his fear. In the second he was the criminal, his aggression directed towards his sister, his mother and his uncle who also represented his father. He was fearful of the vengeance of his victims



and of the consequence of his aggressive wishes which would entail castration as a punishment. But the figure which caused him greater anxiety was the epileptic: mother, beggar and class-mate. Here it was plain that his aggression was a defense against his own passive wishes to be overcome and castrated. In the deeper levels of his passive homosexual wish, fear had the function of protecting him from his instinctual drives, both aggressive and passive, which would result in his castration. Aggression would be punished by castration and passivity entailed castration as its condition.

Identification with the detective served the same function as the fear. It protected the victim and hindered the criminal from carrying out his evil designs. Therefore the identification with the detective temporarily did away with the need to fear. This identification, in contrast to his identification with the victim and the criminal, is not easily recognizable in the analytic material except that in all its phases Charles was consciously identified with the detective. This was the only rôle acceptable to his ego. The analysis disclosed which forbidden instinctual desires the detective had been installed to combat, and the impulse gratifications he had to prevent. While the detective served in the defense against the instincts, the criminal and the victim were in the service of wish fulfilment. This two-sidedness reminds us of the structure of the neurotic symptom which likewise serves as instinct defense and instinct gratification. In addition, it serves the function of allaying anxiety. Since the detective stories fulfilled these conditions, they were symptoms and as such were held on to compulsively.

The analysis of Charles' compulsion for detective stories agrees with Zulliger's analysis, in that here also the stories are a form of defense against fear.

*Translation through the courtesy of DR. EDITH B. JACKSON*

# ON THE POSSIBLE OCCURRENCE OF A DREAM IN AN EIGHT-MONTH-OLD INFANT

BY MILTON H. ERICKSON (ELOISE, MICHIGAN)

The age at which dreams first play a part in the psychic life of the individual is unknown. Various careful studies have reported that dreams may occur even before the development of speech, but the weight of evidence has been inferential in character and based upon sleep disturbances for which purely physiological, as distinct from psychic, activity might as readily be postulated. With the development of speech, however, definite evidence of dreaming by very young children is obtained, their utterances while asleep disclosing their sleep disturbances to have an unmistakable psychic content, as is shown so clearly in Grotjahn's recent observations of dreaming in a two-year-four-month-old baby.<sup>1</sup>

Pertinent to these considerations is the following brief note reporting an instance in detail which suggests strongly that a dream with definite psychic and affective content may occur even at the early age of eight months. The attendant circumstances are given in full since they suggest a possible background for the development of affective desires which might in turn give rise to dream activity.

For a period of months a father was in the habit of playing with his infant daughter regularly just previous to her six p. m. feeding and much pleasure was taken in inducing her to laugh and in watching her extend her legs, flex her arms over her chest and turn her head from side to side as she laughed. The infant had developed a definite attitude of expectation for this specific play activity.

When she was exactly eight months old, external circumstances caused the father to be absent from home one evening and the next. Returning at midnight the second evening, he paused at her bedroom door. He could see her clearly out-

<sup>1</sup> Grotjahn, Martin: *Dream Observations in a Two-Year-Four-Month-Old Baby*. This QUARTERLY, VII, 1938, pp. 507-513.

lined in the moonlight, lying quietly in her crib, breathing deeply and sleeping soundly. As he was about to turn away, she moved restlessly, extended her legs, flexed her arms over her chest, turned her head from side to side, laughed merrily, took another breath and laughed again. This was followed by general relaxation and a continuance of the deep, quiet breathing, nor did she arouse when her father entered, but continued to sleep as he tucked her more securely under the covers.

To say that an infant of eight months could have a dream of definite psychic content and with affective components seems questionable, but even more questionable would be any attempt to postulate a physical discomfort which would disturb sleep and result, at that age, in an expression by laughter. Likewise questionable would be any attempt to draw conclusions about so young a child experiencing affective deprivation so strongly that resort would be had to a dream satisfaction. Yet, in this instance such an inference seems plausible. In any event, the observation is noteworthy in relationship to the problem of dream life and it is hoped that other observers may report similar instances.

Since making this original observation, another of similar character has been made.

As they were returning late one night, the parents heard the baby, then thirteen months old, laughing merrily. Entering her bedroom immediately, they found the child apparently sound asleep. Before they had an opportunity to touch her, however, the child again laughed merrily and this laughter was immediately succeeded by a third peal, following which the infant continued to sleep so soundly that even the changing of her diaper did not arouse her.

That this type of behavior occurred in relation to a pleasing psychic content or experience on the order of a dream seems to be a reasonably plausible and legitimate inference.

At the age of twenty-three months, this same child became much concerned over a rather extensive abrasion of the knee suffered by her older sister as a result of a fall on the pave-

ment—an accident discussed by all of the children in the family and their playmates. Several nights later, after she had been sleeping about three hours, she suddenly began to cry. Upon being picked up, still crying, she sobbed, 'Po' Kaka (Carol). Kaka bad bump. Kaka hurt. Kaka cry.' Efforts to reassure her verbally failed, as did an attempt to show her that Carol was sleeping quietly. She continued crying, adding, 'Kaka fall down. Kaka hurt knee.' She seemed still to be asleep and unresponsive to all reassurances. Accordingly she was aroused completely. Thereupon she repeated her remarks, but with much less grief in her voice and she seemed to be very greatly bewildered and puzzled by the sight of Carol sleeping quietly in bed, as if she could not reconcile a dream content with the actual sight of her sleeping sister. She then proceeded to discuss the matter and the impression derived from her fragmentary remarks was that she was trying hard to explain the situation to her parents. Following this, she returned readily to bed and slept comfortably the rest of the night. In this instance there can be no doubt of the occurrence of an actual dream based upon a previous experience.



## A CHILD TALKS ABOUT PICTURES

### Observations About the Integration of Fantasy Into the Process of Thinking

BY MARTIN GROTJAHN (CHICAGO)

Tommy, a child of five and a half, was three years old when he started to look at magazines. As with many other things at that time of his life, it was an imitation of his father who read magazines. Tommy looked at pictures with apparent pleasure and with a feeling of doing something important. At first he looked at pictures he could understand with no more nor less interest than at pictures which could not mean a thing to him; for instance pictures of cities, landscapes, machines, advertisements or printed text without illustration. He looked patiently and earnestly at them without communicating what he saw or felt—simply enjoying a happy union with his father who seemingly did the same. Occasionally, however, he uttered some words about what he saw, speaking more to himself than to anyone else. The remarks he made it is believed give some insight into how a child in a quasi-experimental situation experienced reality. The situation is relatively uncomplicated because with a given picture which a child sees directly, the objective background of his reality experience is known.

Tommy's interest in pictures cannot be explained on the basis of imitation only—at least not by imitation of the father's reading—but more by identification with the father and his methods of seeing, learning; experiencing and gathering knowledge which the boy tried to claim for himself. The driving motive behind this interest was the wish to take the father's place. The purpose in presenting these observations is not to analyze this boy's oedipus complex, but the description of the way in which he worked out some problems he was facing.

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## I

Tommy was kneeling on the floor in front of a couch on which his father was reading a magazine. Before him on the floor was a large picture magazine. He turned the pages slowly and solemnly, looking long and intently at each of them. Surprisingly enough, he was observed repeatedly to make deep bows to pictures representing people. Kneeling closer, he made as if to lie at the side of the person pictured. He was next deeply fascinated by a whole page picture of a man who was walking along a sidewalk. Again Tommy made his bow, looked closely at the man, nodded his head at him and remarked, 'Yes, you are taller than I'. This was stated in a simple, somewhat resigned, matter-of-fact voice. A problem seemed to be solved and he turned to other play.

Another time he was found looking at a colored reproduction of Gustave Courbet's *Woman With A Parrot*, examining the nude woman lying on her back with the objective eye of an art expert. Suddenly he seemed to recognize her. 'Mother?' he questioned. He turned the picture in order to have a better view of her features. Query yielded to certainty: it was Mother. He looked relieved. Having decided it was Mother things were right.

The same tendency to solve the problem of a picture by introducing something real and well-known into the unknown could be observed at different times. For instance, he saw pictures of the same man (Pope Pius XII) over and over again in the same magazine — always in different situations but always the same face: a slight exophthalmus, the eyes bright behind heavy glasses, a direct and penetrating look straight out of the picture into the eyes of the onlooker. 'What is Uncle looking at?' Tommy asked the Pope. The picture did not reply so fantasy supplied the answer: 'He is looking at Mother in the bathtub'.

A most puzzling picture found an equally surprising solution. The text beneath it describes the picture; it reads: 'The Witch kneels beside the skull and plunges an ice pick into the photograph of an unfaithful lover'. He first tried giving the

with a name, choosing the name of one of his girl friends: 'Judy—why does Judy cry? What is Judy doing?' He found no answer to this question—it was an unsolvable problem. After some hesitation, the solution came unexpectedly with a singsong: 'Judy More, second floor'. This does not make much sense; however it transforms the picture into something familiar. Making a little song of it seems an additional reassurance and he is content.

The choice of a child—quite unessential to the content—when he has difficulty with a picture is a favorite device of Tommy. In a cartoon a dinner table is drawn in the foreground; two gentlemen stand in an open door. 'Uncles go home', says Tommy. Then he discovers a little dog obscure in a corner. 'Doggy doesn't go home; Doggy stays for dinner.' It transpires that the two gentlemen brought the dog to a nursery school for dinner.

Some pictures he brings to his father and demands explanations. About ducks flying in a beautiful naturalistic color painting, he asked, 'Where are they going? I can't see it!' He insisted upon an answer, and was satisfied with the statement that they were on the way to Topeka.

Sexual fantasy finds expression in magazine picture interpretation, but mostly as confirmation, for already established theories. So, in a picture of two little pigs kissing each other, he observes to his great enjoyment that they do it with their snouts. Mistaking the snouts for what they represent to him, he says: 'Look, they kiss with the peepee!'

He was troubled about one picture. He was not fearful or anxious, but had a worried look and was restless. It was a worm's-eye-view of a girl on ice skates, chiefly the two legs and the crotch framed by the flaring of the short, full, skirt. No part of the girl's body above the waist was visible. He said nothing but during the day he returned again and again to the magazine, turning the pages looking for this picture, and then putting it away again. Finally he made his diagnosis: 'The aunt is broken off above'. He became quite ecstatic when he found another 'broken off' lady in another magazine:

a ballet girl kneeling with the ballet skirt spread out so that only the head, chest and arms were visible. This was an aunt with her stomach broken off.

The pleasure which Tommy gets from picture books for children is very different. They are enjoyed as a means of talking with Mother rather than as a means of investigation. But at three years of age he was abandoning picture books for medical trade magazines, road maps, and vacation prospectuses.

When sick he cuts out pictures, uses them as 'friends' but never regards them as real objects. Once he gave a clipping of the quintuplets to a lady who had been speaking of her childlessness with the remark, 'I got some friends for you'.

Making pictures has very little in common with seeing pictures. Tommy strongly prefers surrealist drawings. Most of them do not mean a thing, do not have a name and the question, 'What is that?' is meaningless for him. His usual answer is, 'It is a picture'. Some of them are called just 'Light' or 'Green' or 'Blue', no matter what the color used. To call colors by their right names is a guessing game for him which seldom and only by coincidence fits with reality. He may have a blue pencil in his hand and say 'green' or 'red'. He likes to draw movement. One picture is called, 'Way into the Bathroom' or 'Me Walks'. Sometimes he makes drawings of 'Mother's Big Feet'. This remark was made during the period when he was worried about the difference between boys and girls.

At three and a half years of age he began to draw pictures of people, a sack with a mouth. He pictures himself very seldom. Probably he does not think it possible for him to appear on paper and be himself at the same time. Some of his images have a little leg, like a baby, and two or three big legs, 'Father's legs'.

These remarks originated at the time when at three and a half years of age Tommy had begun to have an intense sexual curiosity. He had more than once seen a little girl friend bathed, but for the first time he commented about the genital difference. Despite detailed explanations, he asserted that little



girls have a little penis. No one argued with him; he was simply given the facts and he was left to draw his own conclusions. It took him six months or longer to accept the facts. After he agreed tentatively that girls have no penis, he asked repeatedly when he, Tommy, was going to be a girl; when girls change to boys and how it is done. He was finally convinced that sex cannot and should not be changed, but he made one exception: for a long time he continued to believe that his mother had a penis. The opportunity to observe a pregnancy and see the baby helped to solve this problem for him. He was four and a half and knowing that 'the father makes the money, the mother the baby' satisfied him. He would become a farmer and marry his girl friend when he grew up. Before that he would learn something in school and in the process decided to marry three or four of his boy friends. In his mind marriage was synonymous with friendship.

After everything seemed to have been settled to everyone's satisfaction, he was shown the same pictures he had made comments about a year before when he was three and a half. He now correctly described the 'aunt who is broken off above' as a 'girl on ice skates'. This, interestingly enough, was the only picture he remembered as having seen before. The 'aunt broken off below', the girl with the ballet dress, was a 'girl fallen in the water', a mistake which is easily understandable if one sees the picture.

He immediately recognized the ducks as flying ducks. On the question where they were going, he replied after some consideration, 'the big ducks [in the foreground] fly to the little ducks [in the background]'. The mysterious picture of the witch still did not make any sense. He put this picture quickly aside with the remark that it was disgusting. The picture of the nude woman stimulated the following comments: 'She is lying there naked. Hey, papa, I told you about the ducks, now you tell me what does the bird want? Does he want something to eat? What does she tell him?' He was much more interested in the parrot in the picture than in the nude woman, which had engaged his attention the first time.

With increasing ability to understand the content and the story of the pictures, he lost his pleasure and his interest in them. He turned more and more from magazines to comic strips and funny books which will probably remain in the foreground of his interest for quite awhile to come.

## II

What impresses us in this child's behavior is the courage, the open-mindedness and the originality with which he tries to conquer the unknown. At first it was the simple trick of replacing something unknown with something familiar, and this was not limited to his interpretations of pictures. Once his little boat sank under the water and his father remarked that it now behaved like a submarine. Since then he has called the boat 'sub-Mary', a variation of his best girl friend's name, Marie. This sovereign use of words converted the meaningless 'valentine' to 'valentine'—like Christmas time.

Such solutions temporarily settle problems for the child. Whether like Freud, we call this bright intelligence in contrast to the stupidity of the average adult, or like Therese Benedek, we see in it a result of the child's confidence, or whether with William James and Carl Gross, we explain it as functional pleasure, or like Fenichel, as a 'counterphobic' attitude, does not make much difference. It has something closely related to 'working through'. The solution is obtained in a rather artistic, narcissistic way, much like the solution of a problem in a dream. The child is courageously persistent and doggedly returns to the problem until some kind of a satisfactory solution is obtained.

The healthy, unspoiled and unneurotic child is by no means free from fear. It is also not free from anxious attitudes about the unknown. But the healthy child is not sufficiently afraid of its fears to be deterred in its quest for knowledge and mastery of its environment. Its fear does not inhibit its activity as long as it does not feel unloved and lost or opposed by a hostile world of adults. The adult world is not necessarily so threatening for a child as it may seem to the adult who tries to identify himself with the baby. The child who loves and

is genuinely loved by its mother and its father will also love the persons like father and mother and so the rest of the world. So long as it loves them it will continue to try 'to be big like you tomorrow'. If a child does not have its confidence shaken, it has a nearly unlimited reserve of confidence and firmly believes that human beings are essentially good. In one of his favorite games Tommy once displayed a striking example of this. He took his gun, 'killed' Hitler, and then pretended to push the dead image into the basement. He continued this game until he had 'killed' many Hitlers. Finally he stopped and as if looking at another Hitler he announced: 'This is a good Hitler. He likes you and he likes me. He is the nice Hitler. He is my friend.' He could not accept the idea of an absolutely bad Hitler; it might have aroused anxiety in him. There must be something good in everyone. Hitler represents in Tommy's unconscious the 'bad' father — but still the father and therefore never absolutely bad.

Comparison of the courageous child with a timid child shows the difference in the management of the same fear. The courageous child is happy, gets great pleasure from his activity and is filled with a joy of living. The timid and at the same time the masochistic child cannot master his aggressiveness because his courage is broken by guilt feelings. The courageous child may be quite aggressive without guilt, as when Tommy told his father: 'Don't talk now. You are dead'; and at another time: 'I kill you and put you in a museum'.

Tommy in his happy confidence in his power could see no reason why if his father could swim, he could not. So he simply assumed that he could swim too, exactly as he thought he could drive an automobile if only he were given a chance. Only slowly did he come to realize that there were obstacles. In this respect he behaved very much like a dreamer who solves the conflict in a dream by wish fulfilment and thus insures a continuation of sleep. The child solves its reality problem by introducing the known into the unknown and tries in this way to establish superiority and mastery.

It may be objected that new achievements would become impossible because the child strives always to rediscover some-

thing already known. However the introduction of the known into a new psychological field often changes the known into something startlingly new, giving rise to the impression of an original creation, as for instance in the combinations 'sub-Mary' and 'valentine'.

Similarly, new creations through combination of known and unknown facts may be observed in the child's everyday play. A child who gets a new toy today will use it tomorrow in a new situation with surprisingly different results. The scooter of yesterday becomes a fire engine or a boat tomorrow. The child not only plays with a toy, but the toy plays as well with the child. The child uses the toy at the starting point of free associations and the toy — if it is a good one — stimulates the child's associations and fantasy.

The child's relation to objects is one-sided. It does not consider the object's individual existence. It assumes, as Alice Balint pointed out, a preambivalent attitude. In this stage of early development love and hate are not separated. The small child feels in a happy union with its mother and with its environment between which it does not differentiate. Before birth, the child and its mother are one. At the beginning of life everything which is known belongs to the early union of child and mother, everything else being unknown. Therese Benedek correctly states that the child with undisturbed confidence in its mother will courageously investigate the unknown. The happy union of mother and child is a reality in early childhood which coincides with its belief in its omnipotence. This childish belief is lost when the individuality of objects and the laws of reality are discovered. The courage of the child to investigate the unknown is probably based upon the desire to dominate, to incorporate objects and thus to restore its omnipotence.

The child's attitude and behavior is like that of the traumatic neurotic who repeatedly enacts the traumatic situation in his dreams and symptoms. Each has to prove that there is nothing which may threaten his narcissistic omnipotence. The unfinished job, and in this case the traumatic experience, is in itself a narcissistic blow. They may also be compared with an



emigrant. Change of environment, economic and emotional dependence, inability to understand the language and to make oneself understood, are all traumatic experiences.

The child so to speak, 'works through by acting out'. Putting its uncomplicated courage into its actions, it gradually combines the pleasure principle with the reality principle. The attempted solution is far removed from reality and consciousness. Similar conditions make the therapeutic value of acting out in psychoanalytic patients so doubtful. Acting out replaces the working through which is the analogue of acting out on the ego level (Freud). Working through as a part of therapeutic analysis is a process of ego strengthening. It is placing the forces deriving from the id at the disposal of the ego — which is exactly what the child is doing.

The adult would be happier if he could preserve something of the child in himself, namely, the child's courageous tenacity which as a matter of fact comes close to the attitude of the true scientist: both are open-mindedly ready for surprise and ready to revise their conclusions.

In Thomas M. French's study of the process of learning which he calls 'the central function of the ego during childhood', he demonstrates the interrelation of fantasy and thinking, and the essential function of the ego, as integration and synthesis. The use of fantasies as described in these cases is, according to French, 'a normal phase in the development of the infantile ego'.

I believe that the modified use of fantasies is neither limited to the process of learning during childhood nor limited to the infantile ego. The ego continues to learn so long as it is young and it may remain young even after it gains maturity. The child uses his fantasy in order to conquer reality little by little. The neurotic uses his fantasy as an 'emergency defense' (French) against the recognition of painful reality. The neurotic has in common with the child the use, or better the abuse, of fantasy, but this use serves as a defense and not as an attempt at working through.

Compared with the infantile ego, the mature ego may be

defined as the ego which succeeds in the integration of the reality principle and the adjustment of the instinctive needs towards it. The mature ego is a living and constantly changing entity with a certain fluctuability dependent upon changes of reality and possible changes in the biological needs of the person. This adaptability and flexibility of the ego is one of its significant features.

The id by contrast is relatively unchangeable, timeless, and conditioned mainly by inherited and other biological factors. The ego does not necessarily need to become rigid and inflexible in old age. It is possible to keep the child in oneself alive, to learn and to change until the end of life. The ideal aim of ego development seems to be expressed in what Goethe probably meant by the words: '*Verweile Augenblick, Du bist so schön*'. I shall not attempt to translate Goethe's words into psychanalytic terms. They indicate more than satisfaction, even more than saturation. They indicate happiness beyond ambivalence, a harmony of the individual within himself in his relation to the cosmos, very similar to the early relation between mother and child. The task of integration would then be completed.

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## A CHILD ANALYSIS

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When first seen Alan was nine years and three months old and presented the following picture: a large, fat, slow moving child, with white face, tragic staring eyes, heavy scowl, clenched jaw, his whole body rigid and with the abdomen protruding strikingly. He sidled into the room hugging the walls taking first a step forward and then one backward, watching me warily. He sat stiffly on the edge of a chair, his right hand tightly clenched in his pocket and with the left arm he made rhythmical pushing away movements. He never once removed his terrified eyes from my face.

The history was obtained from parents and the family physician. Alan was a healthy, happy baby. He was breast fed ten months and presented no problems until when he was eighteen months old the maternal grandmother came to live with the family until her death six months later. She was an invalid requiring much care. The family being in very limited circumstances the mother carried the entire household duties unaided. Alan promptly showed his disapproval of the consequent neglect by making many demands which his mother had no time to meet and he soon changed from a happy child easily cared for to a restless, unhappy one.

At the age of two years, shortly after his grandmother's death, he fell and cut his forehead. It bled profusely and in alarm his mother picked him up and rushed him to a doctor. There he was held by his mother and the doctor's wife kicking and screaming on a table while several stitches were put in. A few days later he began blinking, scratching his face, twitching and shrugging. In the hope of relieving these symptoms a tonsillectomy was performed two months later, but this made him worse. For several months sun lamp treatment, outdoor activity, changes in diet and other measures were tried but the condition grew worse and his sleep became greatly disturbed. He was in a constant state of excitement and motor activity.

A diagnosis of chorea was made at the age of three, and he was kept in bed twenty-two hours a day and given sedatives in sufficient amount to reduce the muscular twitching and produce sleep. At the age of seven he was still spending the entire afternoon in bed. He was not permitted to play with children and no company was invited to the house for fear of exciting him. His mother was his sole companion.

As soon as he was sent to school he began having a series of acute illnesses and accidents, all characterized by high temperature and much general disturbance. Before and after these illnesses the choreaform movements increased. Sedatives never completely stopped the abnormal movements but very considerably diminished them, and until the analysis was begun he was never more than a few weeks without this medication.

The movements were jerkings and twitchings of the whole body, and pushing away movements with the arms which caused much trouble because of striking people or objects which happened to be in the way. He had to pass people on the right side 'to prevent being tangled up'. As it was frequently necessary to push people away from walls or furniture to accomplish this it was a source of great annoyance. He was compelled to return by the identical route he had taken, and for his mother whom he did not permit to leave him for an instant, the most ordinary household errands were complicated problems. Another compulsion was that the left sock and shoe must be put on first. He often hopped on the right foot, grunted and nodded his head. He grimaced a good deal and went through complicated movements 'to make things even'. He was fearful of all noises, especially of fire alarms. On two occasions, as a result, he came home from school with a severe chill followed by high fever and vomiting. He ran upstairs when the telephone rang and was terrified of the doorbell. He was very fearful of dogs. He never played and seemed afraid of children. At school he never left the teacher's side until his mother came for him. He learned to read very rapidly but did no other work. He became very angry whenever he read anything which was not factual. He scowled and



appeared to be perpetually angry. From the onset of the chorea, he showed no affection for anyone, no real interest in anything but books. When spoken to he appeared not to hear or else answered very rudely. For a few months he had been getting slower in all his movements. Unless his mother started him doing something he would sit and stare for hours. He ate voraciously and was much upset if kept waiting for meals.

The parents were pleasant and sociable, but conventional and very limited in experience and outlook. Only their desperation made them even consider an analysis for the child. At the beginning of analysis the mother, exhausted by the long years of heavy strain, was tight-lipped and hostile, inhibited in movement and speech. However she quickly responded to sustained friendliness and throughout the analysis an effort was made to prevent her feeling shut out and to win her confidence. She proved to be intelligent, had a delightful sense of humor and by the end of the analysis looked younger and happier, and had developed several satisfactory outside interests. The father on the contrary, although perturbed about the boy had seemed self-assured and stable, but as time went on showed increasing anxiety, aged markedly and during the latter part of the analysis had several illnesses.

At the first visit Alan made no spontaneous remarks, and only brief or monosyllabic replies. A quiet acceptance of his terror was perhaps a little reassuring and in reply to a question he said he was in such constant dread of the fire alarm he could think of nothing else. The purpose and method of analysis was explained and a few simple illustrations of association given. He showed a little excitement and, asked if he thought he would like it, replied 'Yes'. During the early visits his speech was very stilted and whenever he made a grammatical error he looked fearfully at me and hastily corrected it. Later his vocabulary and feeling for words proved to be quite remarkable.

The second hour, he was somewhat less fearful and showed a certain pathetic eagerness to be helped. He sat rigidly on the edge of the couch with his hands in his pockets, moving

only once to straighten a rug. Several times his eyes had darted from me to it and finally he made a dash, straightened it and rushed clumsily back, remarking that when things were not even he must right them or 'bust'.

He stated that he was startled by any sudden noise and he struck out at the first thing at hand. He was always afraid he might strike a small child or a girl and unless he had something definite to do with his hands, felt compelled to keep them in his pockets. He never dared answer a telephone, fearing to speak to someone he could not see and who might moreover be a stranger. He disliked children, particularly girls, although 'they're not exactly my enemies'. He was afraid to go to sleep thinking his house might burn down. In school he could think of nothing but the fire alarm, and although the teacher had promised to warn him, 'she might forget'.

He liked his father and mother but when they 'got cross without reason' that made him 'pretty mad'. He recalled that when he was very little he was hit by the rocker of a chair and there was a lot of blood in the doctor's office. He does not believe he was frightened or hurt.

In the third hour, by request, he made a very clumsy attempt to draw his house. He first drew the 'bay window' but it occupied the whole space and was erased. Then he drew the front door with the steps leading up to it. Subsequently when it was suggested that his house represented himself, he immediately made the association of the bay window to his prominent abdomen and made quick and apt discoveries about other parts. A window was a finger with a ring on it, but the front door and steps he ignored and when called to his attention, he looked puzzled and said it did not look like anything except a bullet. At the end of the hour he began to twitch his shoulders and scratch back and arms very violently.

The next hour he came looking more sullen and angry than ever and jerking and nodding his head with such violence that he had difficulty in keeping his balance. He sat in sulky silence for some time and then said in a toneless voice that he was being kept out of school because he was 'shaking his head'.

The head movements gradually subsided but started again at the end of the hour. This became a routine sequence: gradual subsidence of mannerisms during the hour with a recurrence on leaving.

Talking of hostility and comparing dreams to fairy tales, he suddenly brightened and said: 'I guess fairy tales are just somebody's bad dreams', and told of a fairy tale he had once read. He decided the prince must be the author because he 'got even' with everyone.

He hated wasting time. He tried to get down stairs as fast as he could, and to urinate as much as possible so he would not have to go back for a long time, but could not tell what he was saving the time for.

The next hour he talked more freely and showed a little excitement. He had had a dream but forgot it. Once when he was very little he dreamed he had a bicycle. He said he sometimes thought of stories of which he was the hero and got even with his enemies. He would have liked to try them out but knew he would get the worst of it; even so he was always afraid he would forget himself and do something 'terrible'. He liked being sick because he was waited on and got presents, but soon he became afraid his mother would get sick or tired of doing it and that spoiled it.

He liked to look around doctors' offices and see everything, but wondered why instruments are shaped as they are—some straight and some curved. His doctor had some boys, '. . . a whole gang of them. I don't like them. I think they are crazy.'

'What does crazy mean?'

'To not know what you are doing.'

'Do you think you are crazy?'

'No, but if I have to do so much hard work I may be.'

He said he could never get his work done. His mother said he was not dumb but he was not sure. If he went crazy he might tear up the things he liked best. The thing he liked best was his chemistry set with which he hoped to find out of what things are made. Some day he hoped to discover some-

thing no one had ever known before. He liked to know of what ordinary things are made, especially rocks. Would he, perhaps, like to know what bodies are made of? No, he had been a little curious once but having gone to the museum where he had seen models showing the different parts of the body his curiosity had been quite satisfied. He was glad to have analysis because he hoped to learn things about his mind. He planned to become a scientist. Clenching his jaws and fists he added, 'I'll stick to it, no matter what I find out'. He had read that if the earth slowed down it would crash into the sun, but finding out scary things like that would not stop him. He might find out how to prevent them. Anyway, the more he could learn, the better chance he would have of saving himself.

The following visit he reported dreaming that his maternal aunt was buried alive. He had heard of people being buried alive, often wondered about it and hated the idea of being covered with dirt and having no light, air, or food.

A short time later after a dream about 'a microscope with a white drum halfway down the tube like the drum on a tommy gun, but white instead of black and smaller', he said the microscope 'shows you things otherwise not visible, especially germs'. With such a drum the right lens would be automatically fitted in as the drum on a tommy gun automatically fits in the bullets. With such an arrangement you would miss nothing. White is the opposite of black and a microscope is the opposite of a gun, the former teaching you how to save life and the latter destroying life. He discussed the relative merits of various kinds of guns, deciding that the tommy gun is superior because with it you can fire lots of bullets one after another.

He next came showing considerable excitement and said he had been in trouble at school. His mother had not arrived on time, and a group of boys were running around with some 'hot ice' (carbon dioxide snow) threatening to throw it on someone, and he was sure it was all directed against him. Wherever he went he was 'constantly threatened or actually beaten up'. In reality he was left strictly alone. The teacher believed the



children were afraid of him, and no matter how threateningly he stared and grimaced at them they never in any way retaliated. He talked at length of methods of escape, especially by the use of a flying belt, but everything seemed to involve some serious risk. He asked about 'hot ice', how could it freeze and burn. We discussed ambivalence and the balance of the hour was occupied with a discussion of chemistry of which he had a remarkable knowledge that he had obtained by himself.

The next hour he spoke with frank hostility against his enemies and especially of their making fun of him. This was taken as an opportunity to introduce the use of humor as a protective device.

The following hour he talked of his enemies. Girls he held to be silly; they played baby games and were cry-babies. Men in comic strips are always afraid of their wives. Gradually he came to an acknowledgment of his fear of girls. When asked the difference between men and women he could think of nothing except that women wore dresses without looking silly. He became confused and restless, his face white and perspiring. The analyst then made brief mention of the genital differences and he became excited but relieved and asked many questions about birth.

The next hour he came in coughing and said he had been doing so ever since the last hour. He coughed 'so hard he could hardly get a word out'. What words would he like to let come out? Well, he had to be careful with his mother because there were words she would not like. He asked about the nutrition of the baby in utero and showed much interest in the cord, an interest which continued for many months. He talked more freely but was uneasy and confused about how the baby got out. Does the doctor have to cut the mother open to get it out? Despite drawings and explanations this could not be accepted and nearly a year later he was again concerned about the danger of birth—the danger of explosion and destruction of mother and child.

The interest in the development of the baby continued through several hours. When he saw a drawing of the uterus

he became excited and said it was like the dream of the buried treasure—the triangle made by the roads. He was relieved to find that the ovum was so small. If it was big to start with and kept on growing for nine months it would stretch the opening so much and it might burst and that 'would be the end of mother and baby'.

The following hour he was in great spirits, rang the bell in a dot and dash fashion, hoping I could make a message from it. About this time he began to be interested in wireless messages, thinking that if he had a wireless outfit he might get messages from his mind. He attempted automatic writing and became excited over the marks on the paper, feeling they must have some significance. At the beginning of analysis he was very reluctant to try anything with his hands and early attempts with a pencil were very clumsy. He had actually done practically nothing with his hands. He had learned to write a very little but could seldom be persuaded to make the effort. As the analysis progressed and he became freer in all his movements and in speech, he used his hands with rapidly increasing skill.

He had a dream of two types of trolley cars: 'an old fashioned one and a twenty-fifth century one'. In the aisle was a case of candy. He was especially attracted by a cellophane bag of small yellow candy but he could not quite reach it. On a seat he found a hard yellow candy shaped like a fireman's helmet. He ate it all up. In association he said, 'Yellow means being a coward. It's a funny thing that red is a signal of bravery because when you're red you're not brave. You're blushing because of something embarrassing.' The yellow helmet suggested a cowardly fireman who was afraid to go and rescue someone. This started a rush of fantasies of rescuing people from burning houses. Although he had thought of these things a great deal he never had been able to work out any method of escape which did not involve too many hazards. Perhaps cannibals ate the fireman because he was yellow. He was afraid of cannibals and often planned ways of avoiding them. That made him think of cops who seize the fireman

and put him in the electric chair (the twenty-fifth century trolley). Some places where they have no electricity they hang people (old fashioned trolley) but that is a horrible thought. The people would choke and cry out.

Following this came a great release of hostility, mainly against the boys who tormented him but increasingly towards his mother, saying once he wished she were dead. Later he could not recall this but was pleased to be reminded: 'If you don't know you are doing something you cannot be blamed for it'. He talked of smashing things, swinging his fists about and punching the cushions and the couch.

About six weeks after the beginning of analysis he came in, lay down, spoke no word but arched his abdomen in such a way as to suggest a pregnancy. He patted it and appeared to be enjoying himself thoroughly. He then made some indistinct remark about covering something. He suddenly began to tell of a daydream which he said he had been having since the last hour, about a 'wonder photo-electric cell' with which he did the most incredible things to surprise his enemies and save himself. However, as he came on the trolley he saw a sign warning him not to use it on any public vehicle or the vehicle might fall apart.

The next hour brought a dream in which the number eight was the outstanding feature. 'Eight is a most important number. It's even; it's made up of two zeros and is safe because no matter where you go you always get back to where you began.' Formerly he had said he had to do certain things to keep them straight but today he said he had to undo things because they were wrong and he tried to keep from doing things because it was almost impossible to undo everything, as so frequently the undoing itself was wrong and had to be corrected.

He again lay back and arched his abdomen patting it tenderly. When asked about this he appeared not to hear, but presently said he used to wish for a baby brother. If he had a child of his own he would make him good-looking. He would have no bay window and his brains would be in the right place.

I suggested that he was making a boy of the right kind and he absently replied, 'Maybe so'. After a silence he suddenly smiled and said, 'That reminds me of a story of Uncle Lucky who had a stove pipe hat of which he was very fond. Driving along he passed under some low branches. He bowed and said "I guess my hat is very much on my mind, but it wouldn't be on my mind if I hadn't been polite to the tree".'

Shortly after this he casually spoke of 'a crazy old woman' who yelled in the window at him whenever he was sick in bed. Whenever anyone came into the room she went away but as soon as he was alone there she was again yelling and terrifying him. Later he said that although it frightened him he liked it; his bed rocked up and down as though on waves and he had to hold on to keep from falling off. He also said he was going to be a crazy scientist when he grew up. 'You don't call children crazy, but when I'm grown up I'll be crazy.'

The following hour he said how mad his mother seemed to be all the time, always arguing, far worse than she used to be. He struck his right palm with his left fist over and over. I asked him if he were striking his mother and he laughed with glee and repeated it many times. His reaction in this respect was interesting. As we progressed his mother 'improved', people became friendly and even animals changed and seemed to be attracted to him.

The next time he came in looking very sulky and talked of everyone picking on him 'because of my bay window'. He drew a picture of a clown with a fat face and turned up nose. Turning the picture up side down he saw another, a very ferocious face. He was fascinated. The clownish face he shows to the world and the fierce, hostile one represents his true feelings.

By this time he seemed very comfortable in analysis, no longer found it necessary to watch me and moved about freely on the couch, rolling about and bouncing up and down. His bouncing and rolling about gradually worked into rhythmical movements accompanied by a rhythmical droning. At times he was completely preoccupied with this and did not appear to



hear when spoken to. In the beginning he had been greatly perturbed by unfamiliar sounds and required a detailed explanation, but now he seemed unaware of them.

He came in one day with tears in his eyes and acted very much like a normal child with hurt feelings. The occasion was a very slight frustration for which he held his mother responsible, although she actually had had no control over the situation. Previously he had shown nothing but anger at a frustration and had never been seen to shed tears.

About three months from the beginning of the analysis he again spoke of the accident to his head, but with much affect, recalling details, saying it had hurt terribly. He had been terrified and thought they were trying to kill him. He said, 'I guess if I had had a hatchet I would have smashed that chair when I got home'.

His mother at this time reported a marked change in his behavior. He had become 'saucy', told her he hated her and was going to grow up to be a bad man—was going to hit people when they were sitting down, especially girls, and even kill people. He was eating much less and had become critical of the food. In analysis he was almost gay at times and had started to pun, sometimes spending most of the hour doing this and showing much delight in it.

One day he came in gesturing in a way which suggested balancing. His eyes were apparently intently fixed on something immediately in front of him. He casually explained that there was a glass spiral tube there. 'The spirals go round and round and you can't see the end. At the top is a little oil and I must keep it balanced or the oil will run down and more will come in and it is important to prevent that. It has just been there lately.' Later he said oil was the only thing light could not go through. There were no associations to this and I felt he was presenting me with a picture instead of words and when I interpreted it as his representation of the analysis he was delighted.

The next hour he spoke casually of a rubber band attached to the middle of his back which made it necessary for him

always to go back the way he came to prevent getting tangled up. Everybody, he stated, had one but others seemed not to have any trouble with them. No further mention of this was made until three hours later he came in looking very much distracted, sat down on the edge of the couch, rolled his eyes for a few minutes and then staring fixedly at me began grimacing furiously. When I spoke he appeared not to hear. Presently he said the end of his rubber band was attached to the bed where he was born. It collapses when he lies down and pulls out to any length when he moves about. He then described in detail the room where he was born. The mother was consulted and she recognized the scene as an exact description of the hospital room he occupied when his tonsils were removed. She was greatly astonished as no one had ever mentioned the operation to him or made any mention of attendant circumstances. Alan began to tremble with excitement and his face became chalky white. He said it made him feel terribly frightened when she said that.

The next hour he showed considerable tension and said he could not remember what had been talked about the previous hour. Questioned about the operation he said it made him think of the shadow of doom, a large black shadow shaped like himself which came closer and closer down over his head which it held tightly and then the lights went out. (He was very restless in a room in which the light was even slightly dimmed and had the window shades so arranged to let in the greatest amount of light.) He said when he had hurt his head he thought they were trying to kill him and when he saw the shadow of doom coming towards him he thought they were trying it again. Later in the same hour he said he had gone to the museum a few days ago and looked at rocks. He saw some radium which fascinated him. He commented on the astonishing things to be found in the earth. During the past week he felt he must buy chemicals. He did not know what ones he wanted nor what he would do with them but he must have them. He wanted to make things grow.

The following hour he told a dream about an amusement

park in which there was a tunnel for trains. People seemed about to get on but they never did. Outside, people sat in a circle and there were swings filled with foreign children in black and yellow costumes. This reminded him of a movie about a tunnel connecting different countries. A volcano was stirred up by it and the lava flowed down it.

His use of humor (amusement park) in approaching material fraught with anxiety is noteworthy; also the enviable play of the 'foreign children in black and yellow' made safe by being in a circle.

This was followed by a dream of shooting at trees with a double barreled shotgun. One tree was hollow and had bees in it. He shot at it and the bees came out and chased him. He shot at the roots of it and the whole thing fell over. Later when he began playing freely, over and over he built towers which were attacked at the base by an enemy and knocked over. His uncle has such a gun and Alan would have liked to have one but was sure he could never use it. Shooting trees made him think of the crazy old woman. This seemed to him 'queer and silly'. He then lay down and assumed the attitude of pregnancy (he had not done this for several weeks). I pointed out the relationship between shooting trees, the crazy old woman and making a baby, and explained trees as a sexual symbol. He then recalled a joke about a man who was to be hanged. They asked him what tree he would prefer and he said a huckleberry bush. I called his attention to the connection of sex and death and he said, somewhat defensively, 'Well, women sometimes die when they have babies'.

Some days later he made mention of the band in his back and it was suggested that the bed to which the band was attached might be his mother. He acted as if he did not hear but soon began asking questions about birth, showing particular interest in the cord, wondering if it hurt when it was cut. I asked him exactly where the band was attached and he said just where a safety belt would be. Perhaps he might not wish to be rid of it; perhaps it was a safety belt. After a pause he said, 'Well I can't go anywhere without her'.

He was absent from analysis for three weeks. His mother reported a remarkable improvement in his behavior. He had become pleasant and was at times quite demonstrative with her. He was much interested in a white rabbit that had been given him, but he handled it very roughly. She was pleased at his interest but disturbed by his cruelty.

Alan came in grunting and slapping his right thigh at intervals. He said he was glad to be back but appeared a little resentful. He resisted any attempt to analyze the grunting which continued through several hours. Sometime later he dreamed of being in a store with his mother buying chemicals. There were some unusual stairs there. He immediately started grunting and looked at me saying, 'Well I'm grunting'. This was meant to be facetious and when I assumed it to be an association he objected with some irritation. After a silence he laughed and said, 'If you could press a button and the stairs disappeared and down below would be a bed, you could just fall on it and bounce up and down'.

'So there is a relationship between bed and stairs?'

'Yes', with surprise, 'like the bed going up and down'.

Subsequently he showed a great increase of activity, more assurance and aggressiveness, at times being rather arrogant. He went to the movies with another boy without his mother and showed more independence in many ways. The fire alarm rang in school and by some mistake he had not been warned. He was startled but realizing he was not very much frightened, was excited and pleased.

About a week later he brought in the following dream which he had difficulty in telling because he kept forgetting it.

He was in a doctor's office waiting to have his tonsils out. There were several ahead of him but finally the doctor said it was his turn. The doctor seemed to have on very dirty gloves like a laborer. He awoke terrified.

He promptly forgot the dream and objected to any mention of it. Suddenly he asked, 'Can blood come out of your ear?' He then recalled seeing a little boy whose leg was hurt and



bleeding. He spent the rest of the hour playing with his fingers, waving his feet in the air and making a variety of noises.

At a later hour I reminded him again of this dream, whereupon he pinched his nose and tried to talk being much amused at the result.

Suddenly he said, 'Pin feathers'; after a pause, 'hey, you can't fool me with those whiskers you, pin feathers'.

'Who is trying to fool you?'

'That guy with the false whiskers, the doctor.'

'Who is he?'

'I don't know: my father maybe.'

'Your father was the doctor?'

He looked at me in astonishment and said, 'Where did you get that idea?' I repeated what he had said and he laughed and decided it must be right although he could not imagine how it came out; he certainly never thought it. He was again defending himself by the assumption that he could not be held responsible for something he was unaware of doing.

He became very restless and active during the hour. He looked at and touched the toys but still did not start to play with them. His mother said he was beginning to play with other children but was in such fear of their going away that he was afraid to leave them for a moment and gave in to them in every way. He was so clumsy and helpless that their interest was held only by free use of his things and by their ability to dominate him, although he was much larger than they.

He began soon after this to have many very pleasant day-dreams, during the hour in which he played all manner of tricks on his playmates, taking them by surprise and keeping them in terror and suspense but never actually injuring them, always rescuing them at the last moment by the use of flying devices and a safety belt. Later he spent a great deal of time playing with toy cars and aeroplanes. An aeroplane would tease and threaten the cars and finally wreck them one after another.

One hour he said 'bay rum' had been in his mind all day.

He pulled a knife out of his pocket, opened it and came towards me, saying, 'I'll kill you'. When he was close he snapped it shut, adding, 'Tomorrow'. He was very anxious that I understand it to be a joke. Bay rum he said his father used after shaving. That reminded him of a detective outfit with false whiskers for disguise. If there is a detective there must be a murder 'even if I have to do it myself. Ha, that's an idea'. He talked somewhat incoherently about murder finally saying, 'I guess if you can't kill the one you want to kill you kill yourself and that's suicide'. He walked up and down in great excitement for some time, not speaking and apparently did not hear when I spoke to him.

Questioned about the necessity for always having his mother with him his answers were trivial and inadequate, until finally he said, 'Well I guess I'd like to jump back inside and be safe and when the danger is over come out again'. Told again that he was attached to his mother, not the bed, that his fear of his father killing him was so great at the time of the tonsillectomy that he devised this safety device, he became flushed and excited and said, 'well that makes sense'. As usual after such an interpretation there was a period of relief marked by silly, infantile behavior—rolling around on the floor, incoherent talk. Following this hour the mother reported he was singing and shouting all the time, was never still. He paid attention when spoken to but no matter what he was asked to do he scowled, said no and then went ahead and did it.

He had a dream of three typewriters (his mother was formerly a typist) the middle one being defective. He recalled that he seemed to be in bed between his mother and father when he suddenly pulled the defective typewriter from under the bed clothes, and asked his mother how she liked it. His mother sleeps on the right side of the bed and his father on the left. It was the right side he stamped on and the left he protected.

He began playing with clay, making a circle and then pulling a piece out remarking, 'A piece comes out like that and you hang it up'. The next hour he made tails of various sizes.

Asked the purpose, he replied they were to keep people from being twisted. He laughed and added, 'If the band in my back was a little lower it would be a tail'.

The next time he brought a dream of 'someone going about killing people called the shadow because he was all black. Alan broke a window and looked out at him and found that although his suit was black his hat was white. In association he said it seemed that he had to kill those he had killed and more too to keep from being killed himself. He recalled the shadow of doom. Perhaps they were the same. Black means death and white the ghost you are after death. He had to kill the 'old lady who yells so loud she drives me crazy'.

A few hours later he said he had thought the tail attaching mother and child belonged to the mother but was now wondering if it belonged to the baby. This idea of the female penis being in the navel seems to be not uncommon, but this is perhaps an unusually clear presentation of the logic of the fantasy. He became uneasy and as usual when anxiety is too great he fled to a safe distance and began a cautious advance. 'What are kidneys? Is there such a thing as Bright's disease? I heard of someone having it.' Presently anxiety lessened and he said sulkily, 'Anyway I don't see why girls don't have them too'.

Next he was climbing on and tumbling off the couch when he suddenly said, 'Sometimes I don't know whether I am here or just think I am'. He said it had something to do with his tail, the revised version of the rubber band. 'I know now I haven't a tail but it's there in my mind.' Asked the advantage of having a tail he said, 'To fight with, to hit people. If there was a bull after you, you could stiffen your tail and when the bull ran on it you could stab him, but of course it would be in the way. It is. I mean it would be.'

'Why do you have a tail?'

'To get back into mother. I don't know how long my tail is.'

'You said it was collapsible and could be any length necessary. Perhaps a tail is a penis?'

'I might have thought so but it's put in the wrong place.'

'Is it like the tail, sometimes big and sometimes small?'

'Yes.'

'What makes it change?'

'I don't know.'

He became facetious and said he did not want to know. 'There are things to know and things not to know.'

The next hour he had dreamed he, his father and mother were driving along in a funny old flivver. Over the front was a vine with an egg at the end. 'I seemed to be falling off and I held on to the vine for support. A dog seemed to be yapping at my heels. There was a cat and we stopped and helped her up. The dog had been chasing her. She was a bobtail. She had had a tail but seemed to have lost it. The stub was bleeding and had hair at the end. I guess a dog did it. I guess the dog said, "There, that's a sample of what I'll do if you don't stay away from me".' The next thing, he said, would be to kill it. Reminded of his girl enemies and asked if all boys and girls were enemies, he agreed and stated girls were like cats and boys like dogs.

'How could a boy injure a girl's tail?'

'He might stab her or shoot her.'

'The other day you wondered why a girl had no penis.'

'I guess they dry up and fall off.'

'Then you think a girl is born with a penis?'

'Not now, but I used to think they were the same as boys.'

'How could a girl lose it?'

He looked disturbed, began playing with clay and after a while he said, 'Well I guess way back in those dark ages a woman had her's hurt—clawed off I guess—and then her girl baby had none. All the other women had no children and so no girls have had them since.'

Several hours were occupied with a pantomime of stabbing and being stabbed, falling in a faint with eyes rolling. This represented the war between men and women. At the end of one hour he said, 'Women seem to get flimsier and flimsier; turn back into monkeys and become so small that they finally



disappear and men get bigger and bigger and more like mechanical robots until finally they are as big as the world and rule the world'.

After a two week vacation during which he was very happy and his mother was delighted with him, he said he had an unpleasant dream of people fighting. 'Others get the best of it. Girls are lucky, everyone is good to them.' Asked if he would want to be a girl he replied, 'What are you talking about? Of course I wouldn't.'

He began rolling about on the floor, humming a little and looking very content. Suddenly he said, 'Perhaps I am a girl and dreamed all this. I really can see a girl. She has blue eyes and black hair but her eyes have a black smudge and are getting blacker and blacker and will soon be all black because she is so mean. She's very ugly. Her hair is blacker than anything you ever saw and you know what black means—death. She wants to kill everybody. She wants to destroy civilization and rule the world. Everybody hates her; she is so mean. She thinks she can turn the world back into a jungle and rule it but she can't—nobody could—they wouldn't even understand her when she called. She wants to kill me most of all. I don't know why.' He spent the rest of the hour rushing about, dodging and hiding, making banging noises.

The pantomime of being pursued and having narrow escapes was interspersed with comments about a girl who killed her father and mother and treated her servants very badly. She was always watching for him and sneaked up on him. That was why he must never go out of the house without his mother because she could not touch him when his mother was there. She lived near his house and was always watching for him. He played with his knife for awhile and suddenly the girl came up and hit him on the head. He fainted, recovered, became Tarzan fighting a man whom he knocked into the river. He then became the man fighting crocodiles because they are the hardest animals in the world to kill. Shortly after he began a rhythmical humming which seemed to afford him much pleasure. When this had gone on for several hours he came in one

day hopping on his right foot, making violent thrusting motions with his right fist and humming loudly. The thrusting movement was to push away the girl. He piled cushions on the couch. 'This is a high hill. I hope I won't fall off. Do you know the highest volcano in the world? Oh, there's a giant asleep on top of the volcano and down here are a lot of little people.' He used his fingers to represent the little people. They began climbing up but soon realized there was to be an eruption and ran for their lives. The volcano poured forth lava and from a geyser at the foot of the mountain spouted hot water. The giant was very friendly—made a village for them and helped them escape. They were all comfortably settled and began again to climb the hill when suddenly there was another eruption.

I suggested that he say it instead of playing it but he said he was scared of words and laughingly added, 'Get me? Too scared for words.' He lay down, fell off the couch, explaining that he had fallen off a high cliff into boiling water and was being burned to a crisp. I reminded him that he had once said hot water came from the penis and he promptly began talking about his bunny. 'Hey, what am I supposed to be doing? Well anyway I would rather talk about my bunny.'

His mother reported that he was wetting himself and she was worried about it but had the feeling that he was not quite aware of what he was doing. This lasted about ten days.

Later he came in quietly, lay down and after a silence said, 'Aristodemus'.

'Who is Aristodemus?'

'Oh! a Greek boy.'

'Tell me about him.'

'Oh! there's nothing, just a boy.'

'Are you Aristodemus?'

'Well I wouldn't want to be him when he was cursed.'

'Who cursed him?'

'His mother.'

He explained that Aristodemus had been misunderstood and wrongly accused of cowardice. This was followed by a jerking

of the whole body and humming in a forced way involving the abdominal muscles. I asked him if he could recall a time when his mother had seemed to misunderstand him. 'I remember being spanked but I don't know what for. I felt mad and wanted to spank her,' he said. Abruptly he asked if I had ever heard of dynamite being used to blow things up from the depths.

The next hour without preliminaries he began compulsive play which as usual became increasingly relaxed. He was a diver fighting another diver at the bottom of the sea, with many narrow escapes from sharks, and accidents to his diver's suit, frequent calls for oxygen, but final success. This fantasy of explosive birth is not infrequent and another choreic child had the fantasy of the uterus as a balloon which was in danger of being pricked by the father's penis.

Alan now rested for a period and then made a bird bill with two pencils in his mouth and attempted to talk: 'Big grandpop tweaserbill'. 'I don't know who he is, just came to mind, maybe once I wrote that on the wall without knowing. I guess he wanted to eat somebody up.' More gibberish with the pencils in his mouth and much merriment, then, 'Do you want to hear a story? One cannibal says to another, "Say who was that lady I saw you with last night?" "That wasn't any lady", says the other, "that was my dinner".'

The following hour I questioned him about the previous one and without a word he sat down and drew the picture of a little old man guarding a machine gun with a flag on it. I understood I was pressing a little too hard and accepted the rebuke.

The next hour he drew a policeman (analyst pursuing him too relentlessly) rushing along so madly his collar button flew off and hit him on the nose. He thought someone hit him and angrily set off in pursuit. He fell over a precipice into hot water. On the opposite bank was a criminal just released from prison. He was 'crazy enough to try to ski down a moonbeam, fell through and landed on the earth with a bump'. This was very amusing and between gales of laughter he burst into song.

An increasing use of humor helped dispel some of the intolerable anxiety and reduced his fear of the analyst.

The following hour he made an association between spanking and bed, and was told that mother spanked him for what he did in bed. His rocking up and down on the bed and the humming were substitutes to trick her but he was in constant dread of her discovering it.

He then brought a dream in which he, his father and mother each had ten cent tubes of toothpaste of a reddish brown color. This was a pleasant dream. The toothpaste looked as if it would taste good. The numbers one and zero reminded him of a combination compass and magnifying glass which he took from his pocket and said, 'See, two in one'. When opened, the needle of the compass made a figure 1 and the glass O. It further reminded him of a nipple and a penis. He drew a picture of the tube and observed its resemblance to a penis.

The reddish brown color was discolored milk. What would discolor milk? Blood. How could blood get into milk? 'You might break a tooth and the blood would go through the stomach and out the milk.'

The cipher now suggested dirt and he began a play of being shot and falling in the dirt. He pulled himself up to the edge of the table and pressed his lip against it leaving a 'lip print' in the dirt by which the enemy discovers him. The lip print was also a cipher made by the mouth. The O is mouth and dirt; the 1 is penis, and also the gun.

Finally he was shot in the mouth and died. This was not interpreted because while there continues to be a free flow of associations in any form, not necessarily verbal, the child is sensing the situation and there is a certain danger in confusing him by the words, however clear they may seem.

The next dream was of Alan, mother and father driving along a road. They came to an underpass which seemed to wriggle like a snake. He hoped they would get through in time. After relating this he took several pennies from his pocket, 'passed spells' over them and then looked intently at them. He then began playing with colored crayons, 'melting



metal', to get different ores. They were so hot he had to be careful about touching them. He reported he had been wetting himself lately and his mother was very cross about it. Told that it was an expression of anger with his mother, he was relieved, immediately saying he hated having to come in from play to have a bowel movement. He had been wanting to collect 'about a test tube full of blood' but that was a very difficult thing to do unless you kill someone. He had often thought of going hunting but had come to like animals too well to kill them. He rolled around on the floor like a very young child and said presently, 'I guess everybody has things in their mind that belong to them and no one can understand'.

'There are things in your mind you are afraid to let anyone know, perhaps are ashamed of.'

'Yes.'

At the end of the hour he pushed a stool over beside me and said, 'Can you put your fingers around one of these legs without bending over?' He moved it into such a position that there could be no doubt of it and when I accomplished it easily he showed much satisfaction.

My success in meeting this test made the next step possible. The next hour using blocks and clay he built a 'sacrificial altar'. The human sacrifices burn up and the gods gather up the smell and change it back into people whom they eat. Suddenly he showed panic—a murderer, a giant, came in the door and attacked him. He quickly took a 'walking mechanism' from his pocket and it walked off. It could be hypnotized, and when it reached the hypnotic atmosphere it began walking in a jerky way. Alan became the hypnotized walking mechanism and adopted his former jerking, twitching mechanical movements, going along dangerous precipices, finally coming too close to the edge and the heat from the lava (faeces) below destroyed the hypnotism and he hastily climbed up on a safe rock. He rested comfortably for a while and then 'felt rumbles', something moving under him. A geyser (urine) shot up and he was scalded a little but not really burned. After resting he stepped off into red, black and white lava

(blood, fæces, milk and semen). It was very hot. A giant appeared around the corner but instantly an aeroplane (Alan) swooped down and shot the giant who fell into the hot lava and that was 'the end of him'. Alan got some lava on his foot, jumped into a lake to cool it off, felt something wriggling towards him. It jumped into his mouth. Rushing out of the lake he had a bellyache from the snake wriggling around. Suddenly a second giant appeared. The snake jumped out of Alan and into the giant. 'What worm have I swallowed?' asked the giant. 'That's no worm, that's a snake', said Alan. 'Oh! I'm dying', moaned the giant who almost died. Alan fell to the ground writhing with a pain in his head. 'The pain has traveled up and out it goes. Oh! it's in my toe; up my leg. Oh! it's all over me and now out.' The pain spied the giant and jumped on him, frightening him so badly he ran and fell off the end of the world.

Alan now came back to reality, sat up with shining eyes and said, 'I guess that's enough adventures to give anyone a headache'.

Following this portrayal of his 'life story' Alan was perceptibly more assured. Most of the following hour was spent playing with pennies in the corner of the room with his back turned. He smiled reassuringly at me from time to time over his shoulder.

The following hour he asked many questions. 'What is lava? Is it melted rock? If it's melted why isn't it powder? If you take graphite and iron and melt them together you get a diamond, a synthetic one. Isn't that the same as the kind made in the earth, only made by man? Man is a melting pot.' He talked of savages becoming civilized. He became suddenly fearful: 'They may get ahead of us and be the rulers'.

The next hour he came in in high spirits, playing at putting in false fire alarms, and when the cops came inquiring he made sport of them. This was repeated with variations and great glee. In the midst of this play he asked irrelevantly, 'What is weaning?' without apparent awareness and without wanting an answer.

The following visit he went through a pantomime of drowning, followed by the building of a volcano. An eruption threw lava into the river and the great heat dried it up. Now the compass and the magnifying glass were carrying on a conversation each wanting to go in a different direction. He pretended to chew them up and swallowed them, and in his stomach they continued to pull in opposite directions, finally flying apart, causing an explosion which blew a hole through his stomach (explosive birth).

Shortly afterwards he began smelling the clay saying he liked smells. Smells made him think of 'perfume and the opposite of perfume is ammonia—tricks—tricky tricks (trying to do disappearing tricks with a marble), ammonia is perfume in distress'. This was readily linked up with bed wetting and the masturbatory rocking of his bed.

The next hour he began 'balancing tricks'. He would pile a variety of things on top of one another and finally he would knock out the 'corner stone' and it would all topple over. All the while he was carrying on a conversation with himself:

'Ha—trying to spoil my show you little so and so. I'll, I'll . . . I'll do plenty. You won't. I will. You won't. Oh! you think all there is to killing pigs is sticking a knife in them. Well it isn't so simple; you boil off the hair and lots of things. What do I want to know that for? Oh! I don't know. Where am I? Right here at my mercy if I have any. I'll fix you—you—you—something. I can't think of a word bad enough; you with your balancing tricks. I have you at my mercy. I'll take you home and give a public show. Oh! no—no. Yes. Ladies and Gentlemen I now present my captive.

A report was received from school to the effect that Alan was very impertinent and causing a great deal of disturbance. His mother complained that he smelled everything, especially at the table, putting his nose right into things and saying they smelled of ammonia. He was rude, completely disobedient, and several of his old mannerisms returned.

I spoke of these reports to Alan presenting the picture from the point of view of teacher and mother. He was very much

interested and astonished. He said he liked all smells, liked to feel his nose 'full of it'. I pointed out that he might enjoy smells without annoying other people. I had thought it possible that he was ignoring its meaning because he had the idea that analyzing anything meant giving it up. This evidently was the case as he continued his smelling in a more acceptable fashion. It gradually decreased but he continued to have an unusual interest in odors.

A play on words continued through many hours and in lesser degree for months.

The 'word freedom' accompanied the balancing play throughout several hours. 'We meat on Fry day. Do you get any assassinations from this?' This was an invitation to ask a question. He was asked to tell about balance.

'There's a nerve in your head which makes you balance; if it isn't there you can't keep from falling.'

'Is there something left out of your head?'

'Yes, the thing to keep my mind on the things I should.'

'So your mind is on things it shouldn't be?'

'I guess so.'

The next hour he reported a dream about an elephant which gave maple syrup as well as milk. Alan was putting the syrup in a fire to make sugar and was dipping the fire out with his hands. It seemed very odd but very pleasant. The recounting of this dream was followed by much gay play, lassoing things in the room, making speeches with something pressed over his mouth. The resulting gibberish was elephant talk and so, of course, could not be understood by him or by me.

This dream picturing abandon of all known rules seemed to symbolize very well his new found freedom and was perhaps especially significant as he now began a two weeks vacation period during which he was very happy. His mother reported him as being very pleasant at home despite a quite severe disappointment.

Soon after his return he came in nodding his head violently and looking perturbed. About the nodding he said, 'I don't like it. I have to do it. It's like bumping my head (which he has done at times on floor or wall since a very young child)-



It's likely to shake my brains up and bruise them. She tells me I have to do it.' After a pause, 'What is a dram? Did tree dwellers or cave dwellers or lake dwellers come first?' He sat down sullenly on the floor and began thrusting his hand at the girl.

'Perhaps you want to be friends with her?'

'No, I want war. I mean she wants war not peace, the little so and so.'

'You like fighting with her?'

'No.'

He played with blocks for a while and presently asked, 'What's that stuff, you know, semen, vemen.'

During the next three weeks there was very little material. He seemed a little withdrawn, indicating that I had missed something probably when he asked who came first, although he did not at the time seem to want an answer.

He evidently was feeling doubts about the truth of the information I had given him. Whether this was an inevitable phase in his acceptance of reality, or whether I might at some point have given him adequate reassurance I do not know. It is important with children to avoid adopting attitudes of omniscience or magic. It is important for their acceptance of reality and relinquishing the fantasy of omnipotence. The example that it is not necessary to know everything is very reassuring. The danger to be avoided is that the beginning of acceptance of reality and 'finding out' the analyst coincide. The shock might well prevent a satisfactory recovery.

Alan talked of snake venom and how to treat snake bite, all the time playing at mountain climbing which was accompanied by many falls. One day while playing more freely than he had for some time he said, 'semen—vemen—hot—steam—getting nowhere at top speed. Why cry over spilt milk. Meow. Milk ain't everything—no? Meow.' He was asked, 'What about milk and semen?' He replied, 'To feed a baby. A long time ago before babies were fed milk they were a lot healthier. Milk and semen are slow poison. Gradually babies are killed. Parents all die too because of the semen.'

Gradually it became clear that the fantasy was that no one is

real, everyone had been poisoned by the bodily secretions of another and had died. Bad spirits had entered into their bodies and made them appear like living people. The unfolding of this fantasy covered several hours. He was trying to find a way of having babies without women. Anything which passes out of the body is poison to everyone else but not to oneself; like snake venom.

He built a tower with blocks: 'Could you have a window so high that you could look out but no one could look in?' 'What would you like to see without being seen?' 'Nothing. Supposing you could make a glass that you could see out of but not into; supposing they used it on a girls' dressing room; supposing it was put in the wrong way.'

In a dream he was told he would find nuggets of gold if he dug in a certain spot. He found first a white bag and inside it a second white bag with blue writing on it. In it were nuggets but instead of gold they were chunks of yellow peppermint candy which burned his tongue. He gave no associations but waited expectantly and it was suggested that perhaps the white bag meant a part of the body, a breast. He expressed simple agreement. Evidently I was again being tested.

The disappointment in the dream is a necessary part of the weaning process. It is the development of a realization of needs which can not be met by the mother or in this case by the analyst.

The next day there was a trolley car accident. He had by this time been coming alone, making the trip across town on the trolley. He came in white and shaken but refused my offer to accompany him home in accordance with the courage he had shown throughout the analysis. The next hour he was still frightened but came alone and was quite pleased with himself. Thereafter there was no fear, but rather an increased sense of power.

He began to take a greater interest in the room, looking at pictures, books, and then began a detailed examination of the waste paper basket. Finally he said he was looking for a hypodermic needle with which he would like to experiment,

to inject into some person or animal some fluids which he would invent. I said perhaps he wanted to know whether bodily secretions would kill. He said if it did not kill them it might make them bigger and better.

The head nodding increased. One day he came in looking very uneasy, said he had fallen and hit his head. He looked appealingly at me. I asked if the girl had been responsible and he said maybe she would make him fall and kill himself.

'Why is she so bad to you?'

'I don't know.'

'Does she think you are doing something for which you should be punished?'

(Relieved) 'I guess so.'

'Is it wanting to see people?'

'But I don't.'

'Oh! yes you do. Why not? You want to see people without clothes, see them at the toilet, having intercourse, see a baby born and being fed.'

(Grinning delightedly) 'Well, maybe not all that.'

'But you don't want to be seen doing it.'

'Well, people don't act the same if they think someone is looking.'

The next hour we had a new mannerism of looking at the left side of his nose with his head turned and eyes half shut. He evidently wanted me to note it but was not yet ready to talk about it. He abruptly said there were words he wanted to say, felt as though he would burst holding them back. After considerable hesitation he wrote them down. 'Darn, damn, hell, devil.' As I read them he shivered with excitement. When nothing happened he was still apprehensive that something still might happen. He especially wanted to say these words to his mother but knew she would not permit him. I spoke to his mother and she would not permit it. I explained the significance but she still refused, saying that if they allowed him to do that he would go on to worse things. Two weeks later the school reported that he had been progressing well, acting, in fact, as a normal child when suddenly he became very

unruly, striking the other children, making disturbing noises and grimacing at the teacher whenever she spoke to him. His treatment of the children was so alarming they were afraid to keep him in the school. I sent for the mother and connected this behavior with her refusal to permit him to use swear words. She reluctantly agreed to permit the swear words.

That day Alan came in looking very sullen and kicking violently with his right foot. He said they were all accusing him of things he did not do and he was kicking because he could not use the swear words. He had tried them in school in a whisper and nothing had happened but it did not help because it was his mother he wanted to 'curse'. I reminded him of the Greek boy and he agreed that he was afraid if he cursed his mother she would reject him but until he tries her out he can have no security.

When he knew his mother would really let him say what he wanted, the change was immediate and there was no further difficulty in school. He again looked at his nose in a compulsive way and explained that when he was supposed to be reading he looked 'very hard' at the spaces between the words. I interpreted this as his curiosity about what went on between mother and father and without a word he began a pantomime of shooting. He then asked if anything could be done about scars. He made a pun on the words scared and scarred. He admitted he was scared. Later this was found to refer to the scar of circumcision.

At another time he said that when he had to look at his nose he was afraid some girl might think he was winking and take it for 'the signal' at which all women attack all men. He then became worried about how one can be sure which is a male and which a female. Perhaps a girl sometimes 'pinched off' a boy's penis and stuck it on herself. There would be no way of knowing which she was until she grew up. No one really knew the sex of anyone until they grew up. The one who had a baby was the female.

He now revealed his uneasiness about himself. Having a round face he feared he looked like a girl. Boys had accused



him of being a girl because of his 'bay window' and what they thought is there.

Next he evolved the fantasy that it was really the girl who was curious about intercourse and wanted to try it, but was afraid he would tell, and so she was trying to make him kill himself. From this was a short step to the realization that he wanted to have intercourse with someone he should not. Was it perhaps his mother? To this he casually inquired, 'Has it ever been done and would there be any children?' He figured out all the complicated relationships which could ensue, relieving the tension by making a joke.

The next hour he was sulky and evasive and when I asked him a question he pulled two knives from his pocket, stared at me in an intense and very threatening manner, half crouched, and coming toward me demanding, 'How would you like to have these stuck in you?' When I made no reply, he became more threatening and repeated, 'I asked you how you would like me to stick these into you?' I replied that of course I would not like it, and smiled. Instantly he became uncertain, hesitated and gradually retreated. He played with the knives, occasionally dropping them on himself and saying 'ouch'. Presently he said he did not want to come any more. He was afraid he would have to jump out of my window, and it was all my fault. He is afraid he would be compelled against his will to try having intercourse and rather than have this happen he would have to kill himself. He wandered about restless and uneasy. He began to play with an aeroplane swinging it violently against various objects in the room. I told him this was an assault on me. He then recalled two dreams he had had, one of a tall tower which he had built. It was dark and so he built a sun; then he did something to it and it tumbled down. The second was about a stream. Cows, male and female, were going down it. There were some gun butt holes in the bank and Alan was trying to fill them with water, and with some toy cattle was imitating what the real ones did. This represented his fear of intercourse and his retreat from the real thing to acting it out with toys. Why

was he so afraid? 'Isn't semen hot?' he asked. He thought it always burned and might cause death. He said he did not think I had told him untruths but how could he be sure I really knew.

The next hour he said he had gone to the library for a biology book. He mentioned several things he had read. I approved. He was no longer dependent upon me for everything; he could find out himself.

It is interesting to note the small amount of hostility displayed towards the analyst throughout this analysis, and only when the weaning process was well advanced, was his anxiety directed towards the analyst in the form of intense hostility. He could trust the analyst no more than he could his mother. For a long time he had to test the analyst to make sure she could understand and accept his hostility without retaliation.

A short time later he asked, 'would you smoke a pipe if you had to?' 'Why not?' I replied. 'I wouldn't', he said, 'I'd get sick. My father smokes a pipe. He has one that belonged to my grandfather.' I said he was afraid he would not be able to do as his father and grandfather did. Immediately he built a tower and then knocked out the corner stone. He was very restless and appeared distracted.

The next hour he snapped his jaws as he had been doing earlier. I said his fear of having his penis pinched off was fear of retaliation for having bitten his mother's breast (bitten off her penis) and he said maybe so and began to play more freely than he had had for some time. He made a clay dinosaur. The dinosaur climbed a wall, lost its tail, was rescued, climbed over a cliff, again lost its tail, was saved again and its tail restored. He crawled under the table and hit his head: 'If that was an axe I'd be done for'. He asked if I had ever heard of the elephant falling over a cliff who was saved because its tail was tied to a daisy. No, I had never heard that one. Neither had he, he retorted, thereby giving me to understand that although things were again going along smoothly, he was by no means taking me too seriously. He made a snake with

large sharp fangs: 'anyone that got a bite from that would be dead'.

The following hour he again played with a snake, breaking off a part of its tail (a snake being, as he said, all head and tail) and putting it on again, making it spring out suddenly in attack, and finally at the end of the hour he left it wound around a door knob ready to spring at anyone who came through the door.

He continued restless and ambivalent. He was no longer afraid of jumping out of the window but wished he did not have to come. His mother said he was not trying very hard or he would be through. He did not know what to think; I said one thing and his mother another. He wished he could have a vacation all by himself to get away from both of us. He then asked, 'What are bladders for?' He had once touched a chicken's gall bladder and it burst and got all over his hands. Where does the stuff come from? Which way does it go? He had tasted bitter stuff. What was it? Why did it go the wrong way? Where was the appendix? What use was it? Suddenly, I wish I never did'.

'Never did what?'

'You'll have to guess.'

It proved to be vomiting. At a later hour he recalled he had once vomited something which looked like an undersized banana and it frightened him. Where did it come from? What was it? Perhaps his appendix came up. Appendix was promptly associated to penis and nipple, 'with the blood sucked out'. He had bitten off his mother's nipple to get even and it made him sick.

The next hour he brought in a dream of boys shooting at a target. He was not allowed to participate; he could try it with a toy outfit but could not join in the competition. In association he said he had wanted an air rifle but his parents said it was too dangerous: 'I suppose you could hold up some one with a toy one—frighten them. You might fix it to work once and then it would fall apart and be no more use.' Was

he wondering why his father had only one child? Yes, he wondered why they never had another.

The next hour, playing with some coins, he questioned which were true and which were false? Perhaps they were all true. How could you be sure? He began looking at his nose.

'You want to see father's penis and see if it is like yours.'  
'Well, I've often wondered if boys' were different from men's.'

He gradually became freer, asked questions and we looked at pictures. He discovered he had been circumcized. Then he began looking at his nose in a slightly different way. I asked him what more he saw and he drew a valley and a mountain representing male and female genitals. He veered off to smoking again: how did he know he could do it even when he was grown up? He played with two cars, one himself and a second to go with him for protection, making them explore caves, darting in and out. 'Hey! be careful. If you go in there you may never get out.'

Soon after this he came in spitting on his fists in preparation for a fight. This he enjoyed very much and a few days later he did actually have a fight with a boy who had for some time been teasing him a good deal. He related this in a delightfully nonchalant manner.

He had one final gesture of pushing his tongue out forcibly between his teeth and when I interpreted this as coitus he raised his chin and combined with the gesture a sound unmistakably representing flatus in defiance of a now reasonably comfortable if still forbidding world. He was pleasantly shocked by the interpretation whose acceptance seemed to close the door on the world of unreality.

He had by now entered with zest into school activities both in the class room and on the playground. Reports from the family were equally satisfactory.

In my opinion, the belief that child analysis is entirely different from adult analysis is entirely erroneous. This child's analysis is presented to document this belief. A child, as an adult, must express himself according to his ability, and being ordi-



narily more active and less articulate than the adult more clearly reveals himself through activity. However even the adult who has almost invariably become strongly inhibited in action reveals much in his mannerisms and tone of voice. We might say the adult plays with words as the child plays with clay and blocks. In this case of an intensely inhibited child, he began with words and only as he became freer did he begin to play and then in measure with the emerging material.

There are four factors significant in the analytical relationship which are applicable in everyday child-adult relationships.

(1) This patient's recollection of events without affect which is so pronounced in psychotics is very common in normal children; but in the normal child it is readily given up when conditions are favorable, whereas with the psychotic, reality has been abandoned. This is an important factor in the education of the child to whom there is commonly presented so much of devitalized material which produces anxiety that results either in an apathy towards learning or an anxious pursuit of knowledge in the hope of eventually finding out the truth. Many parents speak of their children's lack of interest in sex, or general lack of curiosity, whereas others complain of endless pointless questions or of what they call unanswerable questions. Questions resulting from anxiety are approached cautiously as this patient so well illustrates—beginning at a safe distance and advancing to the real point only when there is adequate reassurance. This anxiety is well founded. If the parent or teacher were himself not afraid why would he suppress the curiosity and withhold the information? Alan, eager as he was to learn, had to limit himself to facts and was greatly disturbed by any free play of the imagination. It seems not to matter much whether a normal child be given specific sex information if without anxiety it is made to feel free to follow its own impulses in a satisfactory way, whether directly or in a substitutive form.

(2) It is important to let the child alone when it does not indicate need for help. While things are going well it needs no help and prefers to work things out by itself. Education

should be a guiding of creative impulses, and that is possible only where there is considerable freedom of action. There is commonly too much insistence upon rules of technique, too much helping and criticizing the child with the result that potentialities are frequently crushed.

(3) The free use of humor in this analysis made it possible to approach new material which would otherwise hold intolerable anxiety and also in reducing and constantly draining off fear of the analyst. This relieves the analyst's anxiety as well as the patient's and would seem to be valuable to cultivate in any relationship between child and adult for the same reason.

(4) The analyst goes on guard for the patient, holds off the enemy so to speak, thus allowing him to throw off his armor and be free to live out his fantasies, stopping from time to time for the reassurance that the analyst is still there, still friendly and serene. It is not necessary to understand completely and certainly at times not necessary to understand at all what is actually going on, but if analyst is not anxious neither will the child be. The parent or educator in his insistence upon too much supervision, too much prying into the child's affairs, may well cease to be protector and become a persecutor.

# THE INFLUENCE OF PSYCHO-ANALYSIS IN EDUCATION

BY CAROLINE B. ZACHRY (NEW YORK)

In evaluating the influence of any new trends upon educational theory and practice, it must be borne in mind that organized education is a very ancient and massive institution. Its scholastic traditions go back to the universities of the early Middle Ages. Much of this original heritage is still alive today, though for the most part it has undergone a slow and continuous change over the centuries. The inertia that is bound to be characteristic of such an old institution has been augmented by the growing size of the educational system. The schools of the United States, for example, are now attempting to serve thirty million children and to carry out this huge task as efficiently and economically as possible. School administrators are quite naturally resistant to any changes that may disturb or dislocate the existing organization of their schools, especially if the changes threaten to be expensive and the results uncertain.

It has required a tremendously powerful force to turn such a ponderous institution as the school system towards a new direction. That such a force has been at work is apparent in recent trends in education, and the extent to which Freud's discoveries are reflected in these trends is truly impressive—all the more so because this influence upon education is largely indirect. Freud himself did not attempt to formulate the pedagogical implications of psychoanalysis. In all of his writings there are few references to education. It was Anna Freud, a teacher as well as an analyst, who began the exploration of the direct application of psychoanalysis to children.

The progressive movement in education was begun under the influence of psychological knowledge that had no explicit connection with freudian concepts. Despite its historical independence of Freud, progressive education even at the beginning perceived a relationship sufficiently clearly to make it

possible for a few of the more daring progressive schools to experiment with the direct application of psychoanalytic principles to education. Significant as these early experiments were, the influence of Freud cannot be measured by their results alone. He has made a broader and less spectacular contribution to the development of progressive education, for his scientific method of studying the dynamics of behavior has mingled with other scientific influences to produce a far-reaching revision of the purposes and methods of education.

It must be admitted at once that the progressive movement is very unevenly distributed over the present-day educational scene. The traditional schools—and they constitute a majority—have resisted the impact of these new trends, and they provide a living illustration of scholastic traditions applied to the teaching of children. In these schools the pupils sit on seats fixed to the floor in even rows and listen to the teacher's presentation of the lesson and to the recitations of other pupils. The class is expected to be silent and attentive. Long experience has shown that under these conditions restless hands are apt to get into mischief, and various rituals have been adopted to prevent this: in some schools pupils fold their hands and place them on the desk; in other schools the arms are folded, and the hands rest on elbows in full sight of the teacher.

Learning is assumed to be a purely conscious intellectual process. The teacher's main function in this process is to impart information making sure that her pupils retain a certain minimal percentage of it before they are passed to the next grade, where the same procedure is repeated with a somewhat more complex subject matter. The content of each lesson is prescribed in advance, and the entire syllabus varies little from year to year. There is no reason to have a flexible curriculum, for the members of a class are uniform in this educational setting. The teacher is expected to have the same relationship to each of her pupils; she is an impersonal authority, setting their tasks and giving them their proper rewards in the form of grades. Homework assignments and grades are her only contact with the pupil's home. It would be in bad taste



for her to go beyond this and to pry into the family affairs of her pupils.

A vastly different picture is presented by the progressive schools which have made radical departures from the scholastic tradition. Even in the physical setting of their classrooms, they offer a striking contrast to the traditional schools. Chairs and tables are movable, so that they may be arranged by the students in any way that best suits their purpose. There are few or no prescribed textbooks. Students are able to consult all types of books which are within easy reach on shelves in the classrooms and in the school library. But the materials of education are not limited to books. Art materials and machine shop tools—paints and brushes, crayons, fingerpaint, clay, stage equipment, wood, hammers and nails, lathes, automobile parts—are made available to students.

The rigid and restrictive formalism of the traditional school is replaced by a freer and more intimate atmosphere. Students are expected to move about and talk, just as they would elsewhere. Instead of working on assigned lessons, they work on individual or group projects which they themselves have had a voice in selecting. Men as well as women teachers are there to help students plan their work, to give advice and encouragement, and not merely to provide information that students can easily obtain from books. The teacher's main task is to enlarge his understanding of each child for whom he is responsible, so that he may guide his students most effectively towards the type of work that will contribute to their personal growth and development. To gain such an understanding, the teacher must go beyond the school environment and acquaint himself with the parents and the homes in which his students live. Often he will meet the parents; informal teacher-parent contacts are encouraged by progressive schools. Visiting teachers, social workers, school doctors and nurses, and people from agencies coöperating with the school can provide him with additional information about each student's home and early history.

At first glance it may be difficult to see any clear evidences of freudian influence in this progressive school picture. Psychoanalytic terms have been deliberately omitted from the description, for this is the way progressive teachers and educators would themselves describe their practice. Many of them have some familiarity with Freud's concepts, but they do not apply his terminology to their methods of teaching. They have developed a special terminology as part of their own educational theory. They speak of the child's need to find a free outlet for emotional expression and of the school's function to direct these impulses into creative channels; they do not use such terms as *id* or *sublimation*. They are concerned with the problem of having the child assimilate, not merely acquiesce to, the authoritative demands of his home and his cultural environment, and they are even more concerned with the related problem of integrating these authoritative forces with the child's impulse to expression; but they do not refer to the processes of *introjection* and *ego formation*, nor to the dynamic relations between the *ego* and the *superego*. Many educators realize that the teacher assumes the rôle of a parent in the child's eyes and that because of specific child-parent relationships some students will react more favorably to women teachers and others to men teachers; but father or mother *surrogate* and the *transference* are not part of their vocabulary.

The absence of psychoanalytic terminology in education is a superficial matter, for many of the basic principles of progressive education are entirely consistent with Freud's contribution to the understanding of psychic development. But this difference in vocabulary is a matter of practical importance. It has been responsible for a good deal of misunderstanding between analysts and educators. In discussing psychological problems with teachers, the psychoanalyst will frequently arouse their antagonism if he employs the terms that he is accustomed to use, even though their insight into the motivations of children would seem to promise a better rapport.

This paradoxical situation, in which the principles implicit in psychoanalysis are accepted but its explicit theoretical con-

tent is rejected, is not confined to teachers, and it is nothing new in the history of psychoanalysis. The same situation can be found among social workers and psychiatrists, as well as among people who are not professionally concerned with psychological problems. Freud's ideas have so thoroughly pervaded the present-day conception of human behavior that his distinctive contributions cannot be easily identified. Teachers, like many others, are unaware of the source of their approach to human problems. It is also understandable that teachers should find it an unpleasant experience to have some of their own unformulated beliefs and educational philosophy handed back to them with freudian labels. They are inclined to resist any attempt to identify them with psychoanalysis, which is still vigorously rejected in many educational circles. It is still new and unfamiliar to the majority of teachers. Only in the last few years have undisguised freudian concepts been introduced to them. Child guidance clinics have been particularly effective in focusing the attention of teachers upon the freudian implications of their work. Because these clinics can work in close coöperation with schools, they are in a position to deal sympathetically with teachers and to bring about a gradual understanding and acceptance of psychoanalysis.

There are a few schools whose educational policy has been based, more or less frankly, on psychoanalytic principles, and these schools regard personal analysis as an asset in the teacher's training. But it is a significant commentary on the way in which influences operate that the direct application of a psychoanalytic approach in these rare schools has raised special problems and difficulties. Though the aims of progressive education and of psychoanalytic therapy converge at many points, there are inherent differences between the school setting and the therapeutic situation, differences which at first could not be appreciated by schools experimenting with psychoanalysis. They tended to overlook the fact that the school is a society within a society. Whatever purposes and methods it may adopt, the school has an unavoidable responsibility to help the student continue his growth and maintain his normal life

course with age-mates and adults in the school itself, in the home, and in the wider social setting.

Educators in experimental schools were keenly aware of the presence of incipient neuroses among their students, and this sensitivity was a welcome departure from the general educational practice of ignoring neurotic symptoms. Their emphasis upon the psyche of the individual child, however, led them to isolate the potentially neurotic student and to give him a sheltering environment in his school experience. When psychoanalytic therapy could not be provided for him at the same time, the result of this sympathetic procedure was to reinforce his neurosis without providing any constructive measures for correcting it.

These schools also had the policy of providing students with an environment in which they were encouraged to give free and uninhibited expression to their impulses. This policy was as much a reaction against the repressive tactics of the traditional schools as it was an attempt to employ a psychoanalytic approach, but the results were not entirely encouraging. In an analytic treatment, the difficulties of dealing with the aggressive impulses of a single patient are often severe enough, but the dangers of outwardly as well as inwardly directed aggressions are enormously increased in a school, where individuals are dealt with in groups. Quite aside from the physical injury that might follow when twenty children in a machine shop released their aggressions, the encouragement of free impulse expression had some serious psychological dangers. In an environment of noisy confusion and in a program without coherent plan or continuity, the student's experience could easily have a disorganizing effect upon him. Such a school setting might also stimulate conflicts in the student, for the home and the out-of-school environment could not be expected to view the child's externalized impulse life with as much sympathy as the school. During the early stages of an analysis, similar disturbances and conflicts are of course aroused; but the analyst has a degree of control over the patient's environment and over the subsequent course of his inner life that it



would be undesirable for the teacher to attain. To precipitate psychic disturbances is not the final goal of either education or psychoanalysis, and unless the school has the authority to protect the student against himself and others while, at the same time, it is trying to help him solve his problems, the results may be dangerous for the student.

In spite of some of the mistakes made by the psychoanalytically oriented schools—mistakes which are more apparent now than at the time the schools were first developing their approach—these courageous experiments were a necessary part of the educational movement. Like the early psychoanalytic studies, they overemphasized the individual as an isolated organism; and just as psychoanalysis was benefited by the cultural perspective that Freud helped to supply, these schools were also in need of a cultural revision of their policies. They played a useful rôle in progressive education as a corrective to the extreme sociological trend that took place simultaneously and on a more extensive scale.

Sociologically minded educators viewed the school as an agency for socializing the individual child, for making him aware of his responsibilities and rights as a participant in a changing social order. These educators were political and economic liberals who recognized that the traditional schools, by turning the student's attention exclusively to the past and to disciplines that no longer had any vital function in modern life, were failing to provide the student with any realization of his place in a rapidly changing culture. But in trying to correct the reactionary social influences of traditional schools, these educators overlooked the significance of the student's personal life, in much the same way that the psychoanalytically inclined educators overlooked the significance of the student's social life.

Enough has been said to make clear that the progressive movement in education is not a uniform one. It is made up of many trends and countertrends, many bypaths and pockets which are all united, however, in attempting to correct the deficiencies of traditional education. Beneath its eclecticism

the progressive movement is based upon certain guiding concepts which are similar at many points to the principles of psychoanalysis. And, what is more important than these similarities, progressive education is moving in a fruitful direction: the resistance and hostility to psychoanalysis as well as the overenthusiastic desire to make the school a kind of superficial psychoanalytic laboratory are being replaced by a sober attempt to understand the findings of psychoanalysis and to put them to practical use under the special conditions in the classroom.

To appreciate the vast change that psychoanalytic concepts have made in educational thinking, it must be realized that even the most elementary psychological knowledge concerning individual behavior and growth could not easily penetrate the school in its academic form. Only psychological studies which promised to increase the rate of learning and the retention of learned material could influence the traditional school which was organized to handle immature human material in an undifferentiated mass. It was consequently a startling innovation when John Dewey first pointed out that students were individual human beings undergoing rapid development and that the school could serve the function of contributing to this process of development. He managed to convince educators of the school's responsibility to the child as a developing personality, and his influence gave impetus to studies of individual school children. The attention of teachers began to shift from an exclusive concern with efficient methods of teaching separate units of subject matter to an interest in the constructive possibilities of the school experience for the growing child.

This emphasis upon the individual made it apparent to educators that the emotional life of the child had to be taken into consideration. They noticed that the child learned better when he liked the subject he was studying. Some of them even went so far as to point out that the child learned better when he liked the teacher. But during the early stages of the progressive movement the implications of the teacher-student relationship could not be successfully explored. Training

schools for teachers are only now beginning to realize that their first task is to select prospective teachers from among those who are free of threatening neurotic conflicts and to discourage others from entering the teaching profession. Many people have been attracted to teaching because of its potentialities for satisfying neurotic needs; in the teacher's rôle, emotionally immature persons are given the opportunity to compete with the child's parents for his affection, and this is a situation fraught with disaster, particularly for the young child and the adolescent. The training of teachers is beginning to include individual guidance work that will enable them to gain some insight into their own personal lives and to enter into constructive rather than demanding relations with students. This type of training is gradually taking its place in teachers' colleges along with training in subject matter and classroom techniques which formerly comprised the entire program of teacher education.

With the widespread introduction of mental tests in schools, educators observed that some pupils with high IQ's often did poorly in their school work, that others showed marked variation from time to time in both their intelligence quotients and their school work, and that for still others a series of mental tests was a disturbing experience which affected school work adversely. There were obvious emotional factors entering into mental testing and resulting from it. The term *motivation* gained currency for many years in educational literature, and it expressed a tacit recognition of the school's responsibility for dealing with the emotional attitudes of the pupils. In some progressive schools, the desire to influence the pupils' attitudes made no essential change in educational policy which was still aimed at developing only the student's intelligence. It was believed merely to be necessary to control emotional factors that might be presumed to interfere with the student's intellectual achievement.

In other schools, however, the educational process was seen in a new light. The practice of directing the child's entire energy towards intellectual achievement, it was realized, too

often disturbed the process of balanced maturation in the child; in fact, the intellectual results, as the school measured them, might be as undesirable as the emotional consequences. It became clear that the child was an organic unit which could not be divided into emotional and intellectual compartments. If the school was to aid the development of the child, it must deal with the whole child.

In spite of their realization that emotional maturation was an integral part of growth, educators tended to confine their understanding to the conscious life of the child. The sociological educators, for example, not only provided the student with a broad curriculum in the social sciences, going far beyond the perfunctory academic courses in civics and citizenship, they also encouraged him to participate in the affairs of his own community, to make first-hand studies of other communities, and to take the initiative in organizing the group life of his school. Their aim was to help the student achieve a sense of security and purpose in a democratic way of life. *Learning by doing* became a slogan in education. It implied that direct emotional participation was an essential and legitimate part of learning, and not merely a troublesome force that had to be mitigated or steered in the direction of intellectual achievement. But it also implied that learning was motivated by a conscious goal, that it could take place most effectively when the student bent his energies toward a conscious purpose. Unconscious motivations, if they were recognized at all, were felt to lie outside the scope of education.

The necessity of educating the whole child, emotionally as well as intellectually, socially as well as academically, brought with it a corresponding necessity to expand the school services beyond the classroom. To some extent this expansion had already been foreshadowed in the traditional school. Its doctors and nurses, truant officers, and staff in charge of extra-curricular activities, despite their limited functions, paved the way for other nonacademic services on the staff of the progressive school. Social workers and persons trained to investigate the student's home environment and out-of-school activities



made their appearance. And in a few schools, trained and analyzed guidance workers were brought in.

The nursery school has been particularly effective in demonstrating the value of these augmented school services and in stimulating educators to give attention to the rôle of the unconscious in the process of growth. With the establishment and development of nursery schools, the significance of parental and home influences upon the child's development was too obvious to be overlooked. In order to guide the child towards integrated growth, the school established close coöperation with the home. Nursery teachers or special members of the staff often worked directly with the mother and, as far as possible in our culture, with the father. An estimate of the intimate home environment was included in the education of the child. Within the school itself the child was given an opportunity for free expression in such forms as water play and clay rolling, as well as for culturally approved achievement, from learning to wash its own hands to learning the numbers and letters.

Nursery schools have been relatively late additions to the educational system. With their fresh start they have had the advantage of being able to implement the more recent knowledge concerning child behavior and development, without struggling against the confining traditions and organization of the academic school. Elementary and secondary schools have had greater practical difficulties to surmount. But they are in a better position now than ever before to benefit from the accomplishments of the nursery school and from their own progressive experiments in education. Their major problem now is to apply their many facilities and resources with a sense of perspective, avoiding the enthusiasms that have so frequently led to a single-minded emphasis upon this or that aspect of the educational process.

That the school must deal with the student as a social being has been amply demonstrated in progressive education. If the student is to be understood in his social rôle, information about his out-of-school environment and activities is essential to the school. If he is to be developed as a social person, it is also

essential that the school help him to face democratic living with some degree of security and courage, especially in view of the threatening demands that are likely to be made upon him in the future.

The values of the curriculum and of special subject matter fields have also been demonstrated in progressive experiments, but the total curricular function of the school is not as clearly understood as its societal function. There has been a tendency, as a reaction against the subject matter emphasis of the traditional school, either to regard subject matter as of minor importance or to give undue prominence to some single branch of the curriculum—the social sciences, fine arts, handicrafts, manipulative activities, or vocational studies. Each of the subject matter fields has special values to offer, but these values must be appraised in terms of their contribution to the individual child's development. Social studies are not equally good for all students, nor good for the same reasons. Through social studies one student may increase his sense of cultural participation, another may gain a satisfying release from narrow home ties, another may react with an overwhelming sense of oppression at social injustice, and another may respond with fear and confusion at the vast complexity of the social world. Biology may mean an opportunity for controlling small live animals to some students and for exploring sexual problems to others. These special values can be dealt with to some extent on a conscious level in factual presentations and in class discussions, but there will be problems raised in class that the student, particularly the adolescent student, will wish to take up privately with a trusted adult in the school.

Often the teacher who has established an intimate relationship with the student can act as a guide and help him reach some degree of insight into his personal problems.<sup>1</sup> If the teacher is unable to deal understandingly with a student's problems, or if more intensive aid is needed, the student can

<sup>1</sup> For a fuller discussion, see *The Educative Process as Guidance in Democracy and the Curriculum* (Harold Rugg, editor). New York: D. Appleton-Century Co., 1939. pp. 435-454.

be put in the hands of a trained guidance counselor who works in coöperation with the teacher. If the student has reached a condition of serious disturbance, however, his case should be referred to a therapist outside the school; mutual coöperation in such cases is essential.

The distinction between therapy and educative guidance must not be drawn too sharply. The child and the adolescent are under the strains of growth. The rapid changes that are taking place result inevitably in some disparities of balanced adjustment and, what is often distressing to teachers, frequently manifest themselves in symptoms which in an adult would be indicative of a neurosis. Sudden regressions which are often observed in children reacting to the arrival of a baby brother or sister in the family, for example, do not necessarily indicate the onset of a serious disorder. Except in special cases which present other complications, such regressive symptoms run their course and soon disappear under guidance in the school and the home.

Guidance measures in education are essentially preventive. They seek to keep the emotional growth process in continuous development and to prevent impeding disbalances from assuming grave proportions. Psychic disturbances in children and adolescents seldom take the form of a relatively static neurotic adjustment, for the growth process itself tends to keep the child in a state of flux. It is the preventive rather than the curative application of psychoanalytic principles that is especially adapted to the educative process.

Because of their related functions, education and therapy become interdependent in practice. On the whole it seems best that psychotherapy be undertaken separately from the school when parents can afford it, or by the school psychiatrist. It seems advisable that the school psychiatrist should see the child in his private office or in the child guidance clinic where such a clinic is available. The referral itself may be suggested by the school doctor or other members of the school staff who are in a position to observe continuously the behavior of the pupil and to note any persisting disturbances that seem to indi-

cate a disorganized or neurotic state. In a good guidance program it is essential that the school doctor and the school psychiatrist be an integral part of the staff with time allowed for frequent conferences both with individual teachers and groups of teachers. The outside therapist needs to maintain contact with the school if he is dealing with children or adolescents. His coöperation with the school and his understanding of its procedures and purposes are essential factors in his treatment of children attending schools. A pupil undergoing therapy is still responding to the influence of the school. The therapist can help to adapt this influence to the course of treatment by interpreting the pupil to his teachers and giving them some insight into his behavior. The information will also help the school, for with it teachers can plan a more effective educational program for the pupil.

Such coöperation has a value beyond the immediate purpose of treating a particular case. It offers a direct means of furthering a mutual understanding between the therapist and the educator, each of whom is concerned in his own way with the mental health of individuals under his care.



## THE SCHOOL AND CHILD GUIDANCE

BY EDITHA STERBA (DETROIT)

It is important for the psychoanalyst who works with children to participate in child guidance in order to make his psychoanalytic experience accessible to a larger number of children than his few patients in analytic treatment. Educators often seek consultation for guidance in instances which present more difficulty than their training, experience, insight and ability have equipped them to handle. Such advice often requires a series of interviews, the number corresponding to the complexity of the problem and the needs of the child. In the following pages is reported a detailed account of an educational problem presented to a teacher who worked in coöperation with a child analyst. It is hoped that this report will illustrate the method of such work.

In active child guidance work, advice and help can not be limited to the child. The environment of the child and the members of the child's family need to be included in the educational activity.

Ten-year-old Frida attracted the attention of the teacher at the beginning of the school term because when she was called upon to recite, she took so long to answer that the teacher could not wait for her reply. It was apparent that the child was searching perplexedly for each word. Her face was expressionless and at the slightest interruption she would stop talking altogether. She hesitated so long in answering even the simplest question that it seemed as though she did not understand. Asked, 'Why have you forgotten?', after a seemingly endless pause she would make some such evasive answer as, 'Because I had too much to do'. One had the impression that she was emotionally disturbed and wanted to say something entirely different. She was too quiet, serious, apathetic, and appeared not to want to have anything to do with the other children.

The teacher arranged an interview with her parents and learned that Frida was an only child, the parents living in adequate though modest circumstances, and appearing to be very much concerned about the child's welfare. The father gave the impression of being intelligent. He interested himself a great deal in the child's home work and reported that she was always occupied with school work or reading her school books. She was obedient, willing to help with the housework, and gladly entered into any activity with her parents. As a small child she had been quick to comprehend and was very vivacious. Her father, greatly disappointed that the school reports were so bad, took it very much to heart that she was not a better student. He believed the way to handle the child was to be strict. He recommended that the teacher be severe with her. The mother, much less intelligent than the father, seemed kind, and had only good things to say about the child.

The teacher then arranged to talk things over with Frida. With this uncommunicative child who appeared to have very little contact with anyone, and who besides was excessively inhibited in talking, it was important to be especially careful during the first interview. The teacher wanted if possible to correct this child's difficulties of which she had not as yet a clear picture. She recognized the necessity for avoiding anything which might make her distrustful. She asked what Frida believed prevented her from getting on in school, not mentioning her inability to recite. 'I am afraid to talk because the children will laugh at me', she said. 'But they would not', the teacher objected. Said Frida, 'If I can't say it right, then I won't say anything'. The teacher reassured her and suggested that to become more sure of herself she might try to recite aloud at home. This suggestion touched something important to the child who began to speak freely, though indistinctly and in broken sentences. 'Yes, but at home I can't. Father won't allow it, and then he scolds me. I am often not allowed to study at all if I don't know it right away; then he says I may not do the work, and I have to come to school without it. He often throws the books on the floor when he is angry, and then

I am scolded in school for having creased the pages, and I don't like to say Father did it. In grammar school he even tore a book. If I can't do my work, he always says it's a crime that I have to be helped. He says, "Don't bother me; other children are able to do all that alone". Asked about her mother she answered scornfully, 'She slaps me and says the same as Father. Father scolds, and Mother slaps me. They are good to each other but they don't talk to me. I don't talk to anyone either.' 'Why?' the teacher asked. 'I have no one', answered the child. The teacher said, 'You may talk to me about it, and tell me everything you think makes things go so badly for you in school'. Frida said nothing, but her looks expressed agreement. Questioned whether she loved her parents, she denied this energetically. The teacher then related how nicely her father had spoken of her. She retorted, 'Then they shouldn't have sent me away to camp where I wouldn't have learned anything if there hadn't just happened to be a teacher there'.

This is what had occurred. While she was in grammar school she was once sent during the school term to a camp. She had interpreted this as a plan of her parents to place her where she would be unable to study so they could later scold her more for her failure at school. By chance she was able to study there because there happened to be a teacher who gave lessons. 'When do you believe', the teacher asked, 'did your parents stop liking you?' 'Ever since I have been going to school. In the first grade I could study very well [this checks with her school records], and then it got worse and worse and my parents were so angry they both scolded. Then Lina came and because of her I had to go away.'

When Frida was in the second grade her parents undertook to care for a child whose parents were living in extreme poverty. This child did better in her studies than Frida. 'I was always blamed for everything.' The father kept saying: 'Look how well Lina learns her lessons. She used to go to school in the country and didn't have as good teachers as you. There is no need for you to do so badly at school,

and I would be ashamed if I were you.' 'They always took Lina's side', said Frida, 'and she told lies about me, and Mother and Father always stuck up for Lina. Once when Lina told a lie again, I beat her until she was black and blue. Then Mother and Father sent me to camp and Lina was allowed to stay home. Since then I don't speak to them any more. I didn't come back from camp until Lina was gone. But Mother and Father treated me the same as before I went away.'

The teacher learned later from the parents that Frida had been sent to camp by a social welfare organization. This had not happened immediately after the incident Frida mentioned, but was still during the time the foster child was in the house. Believing their own child well cared for, the parents out of pity had kept the foster child for some time longer.

The teacher proposed that she speak with Frida's parents and explain her problems to them, but Frida was so positive in her refusal that the teacher agreed that she would not.

The introduction of a foster child in the house was of utmost importance in the development of Frida's conflicts. A large part of her learning difficulties can be directly ascribed to the disappointment and neglect she experienced. She hated her parents because they took another child to live with them, and could not forgive them for sending her away alone to a camp. She refused to study in order to hurt and annoy her parents. It would be tempting to attach to the incident of the foster child the total responsibility for all of Frida's difficulties; however further investigation made this assumption doubtful. Also, why could Frida talk only when she was sure that what she was going to say was correct? Why was she enraged by her father's criticism if one assume that she neglected her studies in order to disappoint him? And from the impression the teacher received from her interview with the parents, she found it difficult to imagine that they could have treated the child so badly.

As a result of the good rapport established between the child and her teacher, Frida began to study and to do her homework without worrying whether or not her father was angry. One



of the good students of the class was delegated to coach Frida. Frida was elated and remarked, 'I tell father that I will be punished at school unless I do my homework and study hard; then he has to let me study'.

For some time thereafter, the teacher learned little more about Frida's problems. Frida got up early one day in order to do her homework which she had not been able to do the day before because she had had to go out with her father. Her father was angry and threatened to spank her because she was again working such a long time. 'He did that all the time', she reported, 'when Lina was still with us'. In those days she had been unable to sleep in the early morning 'because Lina was allowed to sleep in bed between my parents, which wasn't at all necessary because there was a couch'. Her attitude of hatred towards her parents remained unchanged; she would not permit any attempt to bring about a reconciliation. Her confidence in the teacher continued to grow, revealed mainly in increasingly frequent complaints about her parents.

The most striking change was in her studies. She became coöperative, able to think clearly and to recite at first only when she was alone with the teacher, and later in class she was able to answer difficult questions correctly without pause or hesitation. Her facial expression changed, became more open and free; she was gay and seemed to enjoy talking, looked the teacher in the eye when she said good-bye which she had never before been able to do. However she was not yet friendly with her classmates. She was happy over the progress she made in her studies. She admitted that her father did not scold so much any more when she studied, and a little later confessed that she often neglected to do her homework altogether.

At Christmas time she was very unhappy. She was sure that her parents would not give her any presents. The teacher was able to persuade her to buy a trifle for them. After Christmas it turned out that she had received many more presents from her parents than even the teacher had expected.

During this time she related incidentally that her mood was sometimes determined by her dreams. If she dreamt that she

had teased or tormented someone, she was happy all day. Her bad dreams were similar—that someone is poking her, or that she is sinking under water and an octopus is eating her, or that she is going to hell.

Frida related one day that her father did not want her to continue studying with her classmate because she came home too late. Urgently in need of help in order to make up the many gaps still remaining in her knowledge, it was unavoidable that the teacher speak with her father and make clear to him how necessary it was that the children study together. At first Frida would not hear of such an interview, but finally consented on condition that the teacher tell her everything that was discussed; furthermore the teacher was to present five definite problems and tell Frida what the father's reaction was in each case: first, whether her father would permit her to continue working with her classmate if she buys a notebook in which the classmate's father would record how long the two had studied together; second, her father should be made to realize that other children study together too; third, he should be made to realize that she was very diligent; fourth, that she is not stupid and waits long before answering only in order to avoid mistakes; fifth, the teacher should try to find out why Frida has remained the only child, and whether the father would not have preferred to have a boy.

The teacher agreed and the father consented to Frida's knowing what he told the teacher. He was opposed to Frida's studying with her classmate because he thought that she was copying everything from her. He complained that lately Frida had been very rude and aggressive. He claimed that he never spanked her, but that her mother did once in a while.

Frida was not scolded by her father as she had expected she would be but received permission to go skating. Satisfied, she told the teacher, 'I really was scared because of my screaming. I've been screaming a lot and shout at everybody who won't do what I want. When I was little I always used to bang my dolls on the floor, and later I used to beat up Lina and to fight terribly with my cousin. I often get so mad that

I have to yell; otherwise I would burst.' These aggressive tendencies had heretofore appeared in her dreams. From the material which Frida brought the teacher we do not learn much that is new but it makes possible some corrections. The father had not been arbitrarily unjust from the start and forbade her studying. She herself had reported that she neglected to do her work. She had noisy fits of rage if she did not have her way. In other words, she did everything she had accused her father of doing. From the questions she asked the teacher to put to her father, it was apparent that she attached great importance to his opinion; she did not want him to think that she was stupid and lazy, and feared that he did not love her.

Her obstinacy, apparent stupidity, and the seeming lack of contact, were manifestations of her opposition in which the child took refuge when she found herself unable to give vent to her aggressions. After she found she could talk freely with the teacher she relinquished her obstinacy in school, and her aggressions became released at home. She did not want the teacher's sympathy and good opinion of her spoiled by learning from her father that she was so badly behaved at home. It was therefore important for the teacher to refrain from talking with the parents in the beginning of the relationship; otherwise Frida might well have taken the same obstinate attitude towards the teacher that she had towards her parents.

Sometime after Frida had begun making good progress in her studies and everything had become easier for her, she came one day to complain bitterly to her teacher about a man teacher who, in her opinion, showed preference for some girl pupils and was not always truthful. She wanted to explain to him that he was wrong and it took great effort to dissuade her. Of each of the frequent classroom quarrels, she fanatically made it her business to get to the bottom; to find out who was right and who was wrong. She righteously demanded that justice prevail and that the guilty be punished—to the discomfiture of her classmates who objected and ridiculed her; moreover, she never missed a chance to complain before the whole class about her parents' injustice to her. But this did not interfere with

progress in her studies and her homework, and gradually she made up her deficiencies and could keep up with the work. During this period she did not bring any new material from which one could gain a clearer understanding of her difficulties, despite the fact that she had as much opportunity for talks with the teacher as before.

The dynamics of this behavior in school is as follows. Through her interviews with the teacher, her obstinacy at home had reverted to aggression and rage. She now began to act out those same aggressions in school. Her challenging self-righteousness and provocative manner were well calculated to create situations in which she would be judged to be wrong. Soon, to prevent disturbance of the class routine, the teacher would be compelled to curb her, and the beloved teacher for whom she had abandoned her obstinacy and with whom she now began to take unwarranted liberties, would be compelled to hurt and disappoint the child; then, one might assume, everything would develop in the school situation as it used to be at home.

Whenever one succeeds in resolving the obstinate attitude of a school child by retracing the emotional stages which anteceded it, one may expect that the child will then transfer the conflict which led to that attitude to the classroom. The ideal solution at this point would be to analyze the child. But aside from the fact that analysis is not always possible, an attempt should be made to handle such situations within the school. In this instance, in all probability, the relation to the teacher would have led to many conflicts and difficulties in analysis.

It frequently happens in the course of an analysis that a child will begin to act out its difficulties in the manner just described, using the school for the expression of its instinctual desires and conflicts. However, whenever a teacher has prepared and enabled a child to act out its conflicts, it is important that she should not be placed in a position similar to the parents, of having to restrain the child against acting out its aggressions. Since without analysis the material obtained is not sufficient to

enable one to explain to the child the significance of its desire to be aggressive, other means have to be found to help the child gain an understanding of its emotional impulses.

To have shown this child that her conduct would sooner or later meet with her teacher's disapproval would have had two disadvantages. First, the danger that the child would act out her aggressions with increased vigor at home. That would have been this child's reaction to the slightest restriction of those aggressions which she was just commencing to act out in school. Second, it would have become difficult or impossible for the teacher to retain the child's confidence. Frida's aggressions were too deeply rooted in her neurosis for sublimation.

The teacher therefore decided to attempt a compromise. Frida's class showed particular deficiencies in composition and spelling. It was easy for the teacher to add an extra practice period to the curriculum for those children who needed special work. This special class to which Frida belonged was given the task of writing a story about a little girl. It was left to the children to decide the type, content, and length of the story. Each story was to be discussed by the whole class. The children themselves decided that they would ask questions to be answered by the author about whatever they did not understand.

In the plan of this assignment was the idea of giving the child through the medium of an imaginative story a chance to express her aggressions against the parents, the teacher and her classmates. It was hoped in this way to learn a good deal more about Frida, and also to bring about a change in her behavior. The writing of the stories became the main topic of conversation for weeks and absorbed the interest of the children so completely that Frida's hostility became much less conspicuous.

As the stories were read and discussed by the children the teacher's position became more passive and neutral in relation to Frida who had to share her attention with the others in the group. Her story however aroused more interest than the compositions of the others which was a satisfaction to her.



Her story was interpretable to the last detail by her own comments. The children asked many significant and leading questions the teacher could never have asked and Frida answered quite naïvely and freely. The children were absolutely frank with each other, and forgot completely the presence of any adults because they were so entirely absorbed with the discussion of problems common to all of them at their stage of development.

The most important chapters of Frida's story follow word for word. Questions and answers of the children are inserted where they occurred. The story is the result of many hours of classwork carried on during several weeks.

## MARIA

### A CHILD'S STORY

#### I

A woman dressed in black came to Seehausen with a three-year-old child. She came to an inn called The White Pigeon. She went into the inn and asked whether they had a small room to rent, as she was all alone with the child. The innkeeper was happy to take her in and showed her to a room. It was very simple but kept very clean. Meanwhile, the little girl had fallen asleep. Her name was Lieselotte, and her mother's Maria Hochberg. The next day Maria Hochberg went into the kitchen to look for some breakfast. The innkeeper's wife asked Maria where she came from and why she was so sad. Maria Hochberg told her that her husband had died recently and that was why she had moved to Seehausen. They had been there a few days when they saw a carriage coming and there sat the King and Queen and their children. They had a son of thirteen and a daughter of seven years, called Hans and Lori. Lieselotte enjoyed seeing the carriage drive past every afternoon. Lori was very haughty and did not look at Lieselotte at all. Hans always looked through the window smiling. Lori gave Lieselotte the name beggar princess because she was always dirty and barefooted. When Hans smiled at Lieselotte, Lori would say, 'You are stupid; you are smiling at the dirty beggar princess'. Hans was very sad that Lori called the little girl such names. Maria

didn't pay much attention to Lieselotte. Suddenly Lieselotte ran out the open gate and Maria jumped up to rescue her. But Maria fell and the horses stepped on her head. Maria lay there as though dead but Lieselotte got up and tried to lift up her mother. She didn't have enough strength and had to leave her lying there. The King and Queen stepped out of the carriage, and Hans too. They carried Lieselotte's mother into The White Pigeon onto a bed. Hans took Lieselotte by the hand and said, 'Come, stay with me because your mother has a hurt on her head'. The coachman had to go and get a doctor. He came and examined Mrs. Maria Hochberg. Then he said, 'Maria has a concussion of the brain and probably will have to die'. Then the Queen said to Maria 'I am taking Lieselotte with us; she will become very good'. Then Maria asked for her child. Hans brought her in and Lieselotte was given one more kiss and then she had to go right out again. Lieselotte was hardly outside the door when Maria closed her eyes. The King and Queen cried hard. The innkeeper and his wife were very much worried about Lieselotte; then the King and the Queen rode with Hans and Lieselotte to the Palace.

Lori looked out of a window and saw that Lieselotte sat in her seat. She immediately said to her nurse, 'Look, the beggar princess is sitting in my seat'. The nurse watched with surprise as the King and Queen came into the room with Lieselotte. Lori said, 'What does this mean, that Lieselotte is allowed to ride in the carriage and is brought here to us?' The King got so mad at Lori that she stopped talking right away. Lori told the servants that the beggar princess was in the house. Lori took Lieselotte to be her own maid and she had to arrange the school books. Lieselotte studied much better than Lori. Then Lieselotte and Lori were sent to a boarding school, and here, too, Lieselotte studied better than Lori. There the beggar princess made many friends. The beggar princess was very musical; the singing teacher wanted Lieselotte to become a singer. Lori was mad at her because the singing teacher had given her a reward.

## II

Now Lori was at home and Lieselotte was also at home. The King liked Lieselotte very much because she was able to do more than Lori. The King was afraid that if he sent Lieselotte away, the people would hate the King, and so he allowed Lieselotte to

stay with him. Once when he rode away with her and Lori had to stay home, she was in a rage against Lieselotte. The servants said of the beggar princess that she was now the most beautiful child in all of Seehausen. A servant said, 'beggar princess', and the King heard it. He asked who had started using the name 'beggar princess'. The servant said Lori had said it. So the King had her called to him and for punishment she had to stay home for three days. And every servant now said, 'Beautiful Lieselotte is the most beautiful in Seehausen'. Thus a day passed and it was evening and Lori and Lieselotte had to go to bed.

### III

The next day, a horn blew. It was six o'clock in the morning. Lieselotte had to go to the King and also to Lori and ask why were you so angry with me yesterday. As she was very proud, she was too proud to answer, and she said, 'Get out of here, beggar princess!' She was very much hurt and went to the King who had Lori called to him and scolded her. Then Lori was in a rage and wouldn't say another word to Lieselotte.

### IV

Now weeks had passed in which Lori acted toward Lieselotte as though she did not know her. Lieselotte felt hurt that Lori was so nasty and always called her beggar princess. Now that the King had heard that word he was very nasty to his servants, paid them smaller wages and let them stay outdoors at night. The servants were angry too, and decided to leave the King's service. Each of them went to the King to ask for permission to leave, but in order to punish them the King refused to let anyone go. Then Lieselotte gained courage and was happy again because she knew that the King was so fond of her and did all that because he loved her. Thus a day passed, and they had to go to bed.

### V

It was morning and Lieselotte got up. She went for a walk in the garden. When the servant saw that Lieselotte went for a walk and picked flowers, he reported it to Lori. She was angry and went to her father. He didn't say anything, just as though he had not heard her. She noticed that and went out in a rage, slamming the door behind her so that the whole house shook.

## VI

Lori ran to her Mother and told her about her father not wanting to listen to her. Very much surprised, she went to her husband and spoke seriously to him. But he walked out without answering her. Now she became very anxious and called the servants and asked them whether they had seen her husband. Lori's eyes became swollen and Mama's eyes became red from crying. Then of a sudden a servant appeared very much disturbed: 'I saw His Majesty the King in the garden crying.' The daughter hurried in the meanwhile to her mother's room. She lay on the bed with her eyes closed. Then she ran out into the garden and saw Lieselotte comforting her father. But she didn't dare go up to him, instead she ran to her mother's bed: 'Come, Mother, Father is sitting outside on the lawn with Lieselotte'. The servants had to show them the way to the King. When they had reached there Lori asked, 'Father, what is the matter?' He was startled and answered, 'Because of you I am supposed to send Lieselotte away'. Lori became pale. She asked herself why in surprise; then it occurred to her that she had been talking about Lieselotte all the time and that that had made her father nervous. She promised Papa that from now on she would be obedient. She was very much surprised that he was going to send Lieselotte away because of her. Now she promised Papa that she would never call Lieselotte by that nasty name, beggar princess, any more. No sooner said than done and she grew to be much nicer. Her parents were surprised that Lori could change so quickly. She even played with Lieselotte without quarreling. The King was amazed that she took such a thing so much to heart. He promised her that if she would continue to be good, he would be nice to her again.

At this point questions were asked by the children and answered by Frida. Frida's revealing answers require no comment.

'Why does the King reject his own child because of Lotte?' [The King only threatened to, but all the children reacted as though the threat had been carried out.]

'Because Lori was so mean and slammed the door when he talked to her and scolded her. That was why he didn't want to have anything to do with her. Other fathers would act the same way if their child was that disrespectful.'

'Why did her father treat Lori so badly?'

'Perhaps because by being strict he wanted to teach her to be good.' Whereupon all the children cried out in chorus: 'That's what made her so mean in the first place!'

'Why was Lori so mean?'

'Because her father didn't want to have anything to do with her.'

The children object: 'We would not have acted like that. We would have been sorry for the child who had lost its parent; it was very nice of the King and Queen.'

Frida: 'Lori was so spoiled because at first everything had belonged to her. If I had been Lori I would have fought until evening.'

'What had Lori been like before? Did she change just when Lieselotte came?'

'She was always naughty. Her nurse spoiled her in everything; she kept getting worse.'

'Why didn't her parents notice that Lori felt hurt?'

'She didn't show it.' Several volunteered: 'She didn't show it and because she felt hurt she was stubborn and then her parents were even more angry with her and then Lori became more stubborn.'

'Were the parents of Lori at fault?'

At this question Frida remained silent. The children undertook to answer themselves. No one was at fault they decided. The parents had given their promise and had to keep it, and Lori felt hurt and was spoiled. But the parents or someone else should have explained to Lori just what had happened; then everything would have been different.

## VII

After Lori had improved, she played with Lieselotte and she told the servants they shouldn't call Lieselotte beggar princess any more because that hurt her father. The servants accepted her command and from then on her wish was carried out. Now the King went to the theater with Lieselotte and Lori had to stay home. The servants always said that Lieselotte was the most beautiful in Seehausen, and Lori was the next. Lieselotte was given new clothes and didn't have to act as servant to Lori any



longer. Now Lori and Lieselotte were given lady's maids who had to help them dress. They were the best of friends; they didn't quarrel any more, and they always ate together. The family was very much surprised at the friendship between Lieselotte and Lori. They were always walking together in the park, and riding with their parents in the city. The people were very much amazed that the King had another daughter. The King told the Count Franz von Lichtenstein about it. There was great excitement and parties were given. Lieselotte received many presents, from Lori a large bird called Pipsi. It was a parrot. It could repeat everything and became very trusting and tame. It repeated everything that Lori and Lieselotte said to it. Lieselotte was happy that her foster sister Lori didn't forget her. She received many valuable things and a golden ring, bracelets and necklaces. She became acquainted with the sons of barons and baronesses who were more interested in Lieselotte than in Lori because Lori was still very mean, disobedient and discontented. That was why the barons often didn't want them to play together because Lori was so mean. But now they all played group games and talked with girls and boys. Lori was very happy that Lieselotte was so good to her, for she gave her a ring and a chain. Lori was very pleased with it and showed it to the king. He asked in surprise from whom she had received the ring and the chain. She answered that Lieselotte had given it to her. He sent Lori out again. Then the King and Queen discussed whether or not Lori was obedient and learning well. The Queen was surprised when the King said yes, and she asked about the report card. Then the King was quite sad when he had to admit that Lori had a two and that Lieselotte did better than Lori. They were all surprised and asked how it happened that Lieselotte did better than Lori. The King just shrugged his shoulders and didn't answer. The barons and kings were very much surprised that Lori had a two and Lieselotte many ones. They played many games and finally the time came for them to go home.

One Sunday morning it was Lori's birthday. She was thirteen years old. In two weeks Lieselotte also had a birthday. They were allowed to wear their new dresses and also the new shoes. Barons and kings were invited. They brought Lori many presents; Lieselotte also brought Lori a present. She was very much surprised that her friend Lieselotte brought her a present. She gave

Lori a little dog called Flocki. It was three months old and not yet able to see.

Now they each had a big toy: Lori had Flocki and Lieselotte, Pipsi. Every day they played with the animals, and because of the animals, often didn't want to go to school. But one time the teacher came and said that Lori and Lieselotte hadn't been to school for three days. So the King said, 'Let me handle it. They certainly must go to school now. I will take the animals away from them and won't give them to them for five days.' When the teacher heard that, he went away satisfied. The next day, they had to get up at eight o'clock and go to school which was just on the next floor. Finally the lesson began; they had two hours of arithmetic. Lori didn't know anything and Lieselotte told her how to do the example, but she was so happy about it that she said it out loud. The teacher heard and asked what had happened. No one said anything, and then the teacher told Lori that she was a dumb-bell. Lori remembered it and told her father. He scolded the tutor; he was to be discharged. The teacher took it very seriously and never said that again to the princesses. Now he always had to call them highnesses. . . .

### VIII

Then they went into a bedroom with the King and Queen and saw their aunt asleep. She was frightened but when she saw it was her brother, she whispered something to him. The Queen became very angry with the King for permitting his sister to whisper to him. She left the room, very red in the face, and the children followed her into her bedroom. The night passed quickly, and the children remained all day and night with their mother. They played together now, for they now had a bird called Pipsi, and a dog called Flocki. They played with them all the time. As soon as it was six o'clock in the morning, the King woke up, dressed himself and went to his wife. She was awake but she wanted to frighten her husband. He sat down near her bed and waited until she would wake. Then the children had to leave and go into the garden. This they did, and he sat in the armchair. Finally she opened her eyes and looked about her. The King was very happy, and told her the truth about what his sister had said: 'She wanted you to leave the country because she would like to be in power and rule the land'. He had, however, expected an answer. She gave none, and he left the

room in silence. She packed all her things and left without saying good-bye. She had a spot on her foot which one could see through her stocking. The next day the King went to her room to see what had happened to his wife. When he opened the door and saw that her bed was empty, he was terribly shocked and had a stroke. Thus the second day passed.

## IX

Now the children were awake too, and dressed themselves and went to Papa. The sister was called Elfrieda and her brother the King, Karl. Karl didn't say anything to Elfi because she would only have laughed if he had acted troubled. He didn't let the children see how he felt either. Then one afternoon the aunt was walking with her nieces when she was met by a servant who told her that her sister-in-law was gone. At first she acted as though she were frightened; then she went home again and was happy that her sister-in-law was away now. The children didn't go to bed until eight o'clock because they didn't want to tell father that a servant had told them about it. They were very quiet until papa finally came in and saw that the two of them were crying. He approached them slowly and then more and more quickly until he was finally at Lori's side. He asked her very softly what had happened. Lieselotte kept pointing at Lori, and Lori at Lisl, because they couldn't say it; they were too much upset. Finally Lieselotte went to him and offered him a seat. He was glad to sit down because he was very nervous and excited. What Lori said was right so Lisl was quiet. Lieselotte began to tell what she had seen and heard. She said that she had seen the queen packing, and then she drove out of the gate. He was very much upset and once in a while closed his eyes in pain. She said that his wife had said that if she told where she had gone, Lieselotte would never get anything more from her, and she would throw her out. He got up from the chair and went out in misery.

## X

Now the two girls were alone and father was gone away. But he came once more to Lori and Lieselotte and gave them the kingdom. He took fourteen servants along, and had his clothes and gold packed, and had his horses harnessed and hitched to the carriage. He got in and rode away. The aunt lay in another

room and heard what Lori and Lieselotte said: 'We will tell our Aunt that she must leave our castle and follow her brother.' They told her just as they had thought it. Aunt Elfrieda also left the country, took with her her servants, clothing, horses, and her gold. She wanted to go to her brother and have him become her husband. She gave the children two more dresses and some candy. She took with her four servants, a coachman, and six horses. She also gave them a poem that they should learn and always say whenever they thought of their parents, Aunt, and Uncle. But Lori had too much to do now because she had to rule the land. Her brother Hans was far away and she didn't want to write him about it. Hans couldn't come home to them any more because he was across the border; besides he was already used to being alone. Now each had her own room and they lay down.

## XI

The next morning Lori was up early and went into Lieselotte's room. She always asked Liesl what laws she should decree and what she should bring up for discussion in assembly. Then the mail came which told her that there was war nearby. She was very much frightened and didn't know what she should do. She also ran to Liesl and told her that there was war nearby. Liesl was also frightened and didn't know what she should do. Lori went to a servant and he was to tell the people that they should come to an assembly as quickly as possible. He had to blow the trumpet and beat the drum and call out that all the people should come to the king. Within half an hour everyone was at the gate. One pressed against the other at the doors of the gate. The servant ran into the garden and asked whether all the people could come into the garden already. Lori and Lieselotte dressed quickly and went into the courtyard. They wore their most beautiful dresses, and when the people saw that the King and Queen did not appear but only the two girls, they were delighted and completely forgot the war.

## XII

After the war Lori and Lieselotte fled to Kaernten. When they were ready to leave they went to the station. People were very friendly to them. They bought themselves a castle and lived happily. In later years Lori was married and went to Vienna with

her husband. One afternoon when Lieselotte went for a walk she saw Lori and her husband in an auto. She ran out of the gate. Some time later Lieselotte was married too. They lived well, and then Lieselotte bought herself a castle. And they lived very well.

### XIII

Lori went to Asia with her husband and Lieselotte went with her. Lori and Lieselotte had children now, and everything was going well for them. Their children were well; they had nurses and a tutor. The children were six years old now, and they went to the first grade. After some time they went to grammar school and they went on an outing with their teacher. After some time they didn't go to school any more.

The two girls of the story are clearly Frida and the foster sister—the nucleus of Frida's most important conflict. The King and Queen are, of course, her parents. It might be asked whether it would not have been simpler to have told the child in the beginning that all her difficulties followed the appearance of the foster child in her home with resulting hurt feeling and jealousy. Would not one thus have avoided the danger of her acting out her aggressions in school and have been spared the tedious work of weeks on the story and all the explanations of it? But two important episodes occurred during the course of the story showing that underlying this conflict was a deeper problem.

Let us recall the beginning of the story. In the first pages, Lieselotte's mother dies. The same theme is repeated later. True, the King follows her, but the mother nevertheless has been disposed of. One is reminded of Frida's comment about her parents: 'She always hits me right away, but she is good to father'. Although she was angry with both the parents, there was a decided difference evident in her attitude. It is interesting that the mother is punished by death in the beginning of the story because she was neglectful of the child.

The relationship between Lieselotte and Lori which corresponds to Frida's attitudes towards her foster sister, Lina, occupies the foreground of the story. Frida represents herself



as the real princess, Lina as the beggar princess. Lori is made to experience all that Frida went through. However from the very beginning, one notices that Frida is particularly interested in Lieselotte. The dislike which she actually felt for the foster child is only present in the beginning of the story when she has Lori make Lieselotte her servant. Later a slip of the pen gives us a clue to her inner attitude toward Lieselotte. A part of the third chapter reads: 'Lieselotte had to go to the King and also to Lori and ask, why they were so angry with *me* yesterday'. It should have read, 'with her'. There we see that Frida also puts herself in Lieselotte's place, the place of the foster child. Frida was so envious of Lina's advantageous position, of her ability to learn, that she had been unwilling to answer questions until she was sure that she was right.

She identifies herself both with naughty Lori who does all the bad things that she did, and with Lieselotte through whose experiences she feels all of her own wishes towards her father fulfilled. And when the King leaves the Queen without saying a word to her, finally to be consoled by Lieselotte, we may be sure that Frida's wishes go deeper than trying to attain Lina's advantageous position. Frida wants to supplant her mother in her father's affections; she wants to have him to herself. When the Aunt leaves to marry her brother as the story has it, this is Frida's own wish which in the story she has the Aunt fulfil—the Aunt who desires to marry the King after she has got rid of the Queen. The symbolism which introduces this incident is noteworthy. The whispered secret symbolizes the forbidden something between the King and his sister which is immediately understood by the Queen who becomes angry and leaves.

In the King's attitude toward Lieselotte, Frida states how she would like her father to act towards her. The King is particularly fond of Lieselotte, pays the servants less money because they call her beggar princess, does not believe any of the complaints against her, and gives her preference over his wife. Frida's disappointment and jealousy are the expression of demands impossible of fulfilment.

Lori is at first just as naughty and disagreeable towards her royal parents as Frida was at the time she began to write the story. At the point where the story reads, 'Because of you I am supposed to send Lieselotte away', there begins to be a definite change. Lori (Frida) promises to be better, and keeps her promise. There are no further quarrels between the two children and the Frida-Lina problem with its deeper significance in the relation to her father and mother, seems to have been eliminated. Indeed the end of the story, in which both parents recede into the background, the children themselves being the rulers, then marrying and having their own children, seems to fulfil all our expectations of what the normal development of the child-parent relationship should be. The relationship which had caused so much conflict has disappeared, and the oedipus complex has been overcome. Frida has come to the realization that a little girl cannot take her mother's place; she cannot get rid of her and demand her father for herself; but when she grows up she can marry and have children of her own.

The change in Lori's attitude towards Lieselotte occurs at this point because Frida has progressed to the realization that if she continues in her attitude she runs the risk of losing her father's love altogether, which is just exactly the opposite of what she had been trying to accomplish. As a solution to this problem, she affects a reconciliation with the foster child whom she had up to now considered as a rival, attempts to emulate her behavior, and by means of this identification, attempts to attract her father's love to herself. She is then able in fantasy to enjoy with the foster child all that she had so much envied.

The change of attitude in the story coincided with a corresponding change in Frida's attitude during and after the completion of the story. In addition to the story other events made contributions to this alteration.

Frida had been made a monitor of the class. One day she came to the teacher and said that she wanted the teacher to choose someone else for the position. The teacher asked her whether she did not feel sorry to lose that position of honor.

Frida was sullenly quiet. The teacher said she should continue to be monitor, and explained that Frida was unwittingly creating the same situation in school that had existed at home between herself and Lina. What was the reason she always managed to make herself feel misunderstood and neglected, and then react by being sullen and obstinate? 'Yes', Frida said, 'because I have a bad conscience; because I want everything for myself'. The knowledge she had gained from the beginning of the story without directly referring to it, enabled the teacher to show her that because of her guilty conscience about her wishes she designed such situations. This was tactfully repeated at every appropriate opportunity. That Frida understood and digested these explanations is recorded in the progress of the story.

The fundamental change in Frida's attitude must be due to the fact that the connecting incidents were repeatedly explained by the teacher. All changes for the better which appeared during the course of the story became part of her actual behavior. Frida continued to be a good student; her behavior at home and towards her classmates paralleled that of the reformed Lori of the story. She seemed to have no further need to act out her aggressions at school or at home. She was no longer sullen and obstinate, and the relationship to her teacher gradually became quite natural. Her teacher met with no difficulty in treating her as a normal child.

The primary cause of Frida's obstinacy which was expressed in her not wanting to talk with anyone because she was so angry with her parents, was the fact that her parents had so strenuously inhibited every expression of her aggression. Frida's solution was a sullen hatred of the world. But why was Frida so aggressive? We cannot derive the final reason for the origin of her aggression from this report. We know only that Frida was angry because a foster child came into the home, and that more deeply it reinforced a wish to be rid of her mother and have her father to herself. Because she had been a spoiled and an only child, this wish may have been particularly strong. In answer to a question Frida had said, 'It was the nurse's fault; she had spoiled Lori so much'. At a time when the

first difficulties arose and the parents were attempting to correct what they now recognized as the bad effects of having spoiled Frida, a foster child was brought by them into the home. What effect that event had, we have seen from Frida's report and her story. Her parents reacted to her fury with anger and attempts to correct everything with severity. Being sent to a camp, Frida interpreted as a punishment and a definite sign that her parents no longer loved her.

The important part that the teacher played is very clear and can be briefly summarized. At first she was simply passive and friendly, so that after a good relationship had been established, it was easy for the child to reenact in school the experiences with which she could make no headway at home. The friendly patience of the teacher which lacked any hint of severity or restraint, brought out the aggressions underlying the child's obstinacy. The writing of the story and the explanations which could be made because of it, achieved results. With it the teacher gave Frida the opportunity to abreact many aggressions within the story. It enabled her to show the child the important sources of her conflict and to help her resolve the conflict in the manner described.

From the point of view of the analyst, the report of this case does not tell much about the actual source of the difficulties in learning, or why they came about. We assume that from the beginning the child had a difficult situation to meet in her relationship to her mother and father, and that the appearance of the foster child gave the final impetus to the disturbance. A factor which remains completely unclear is the child's compulsive fanatic search for justice contained in her obstinacy, her aggressiveness, in her whole behavior. In order to clear up these points a psychoanalysis would have been necessary.

From the educational point of view it was sufficient for the teacher that she was able to help the child make such a good adjustment. One must however keep in mind that although the conspicuous conflicts and the resulting maladjustment were dispelled, whatever difficulties which were not understood, still remain.

*Translated by* MARJORIE ROSENFELD LEONARD

# EDUCATION AS THERAPY

BY AUGUSTA ALPERT (NEW YORK)

While planning for mental health should be a requirement of all responsible education, the progressive type of school has a special responsibility in approximating this goal because in it the personality of the child is encouraged to reveal itself more completely and is, therefore, more accessible to mental hygiene through education. Though most schools gravely acknowledge this responsibility, opportunities for mental hygiene inherent in education have scarcely been tapped. The mental hygiene program usually operates more or less indirectly through teacher-child relationship, discipline, home-school relationship. This paper will discuss a more direct and more specialized use of the educational setting for the purpose of mental health.

'Educational group therapy' utilizes group discussion, so popular among children, as a therapeutic instrument. This was tried for the first time, under the direction of the writer, in 1935.<sup>1</sup> The symptom treated was thumb-sucking, manifested by six children in a prekindergarten. Because the results were excellent—all but one child gave up its thumb-sucking without substituting other symptoms and without any visible signs of anxiety—the writer proposed that such group therapy be put further to the test by:

- 1 Repeating the experiment with another group of children of approximately the same age for the same symptom.
- 2 Repeating the experiment for another symptom with a group of children of approximately the same age.
- 3 Repeating the experiment for another symptom with a group of older children.

All three tests have been made but only the second is reported here.

In this test of educational group therapy the symptom

<sup>1</sup> Alpert, Augusta: *Educational Group Therapy: An Experiment*. Progressive Education, March 1936.



treated was an exaggerated and unwholesome use of scatological language by a kindergarten group of a progressive type of school. This group experienced the usual release from anal inhibitions under a regime in which restraints were at a minimum, and the use of the toilet a social event. The result was a 'regression' to a marked interest in elimination and in talking about it. In this respect, developments ran true to form, except that the interest did not subside at the end of several weeks, as in other groups, but went instead from bad to worse. As a matter of fact, anal talk in this group went through several stages. At first the children took delight in verbalizing the previously forbidden words and did so extravagantly, without comment from the teacher. After the novelty wore off, instead of dropping the whole business as experience has proved is usual, they began to use anal terms teasingly and punitively, applying them to any child who was out of favor and to his or her handiwork: 'Duty Theda Rectum'; 'Billy's picture is a duty picture'; 'It's a stinky picture'. Occasionally the words were used with the same intent against adults. This type of teasing did much to undermine work morale, as well as to disrupt the social atmosphere of the group. In the next phase, the anal language seemed to have lost all poignancy of meaning. It began to be chanted more as nonsense syllables, seemingly without emotional tone, interspersed in all conversation. Verbal expression during this period thus appeared on a much lower level than the high average intelligence of the group warranted. Some children began to express annoyance with those who used anal talk frequently and irrelevantly, but with no noticeable effect.

Half the year passed and the teacher lost hope that the symptom would taper off automatically as it had in previous years. The teacher agreed, therefore, to experiment with group therapy. The details were repeatedly discussed by the teacher with the writer. A natural opportunity to intervene presented itself when the teacher overheard a group of boys talking about smelling 'heinies' and 'duty', and the following discussion ensued.

Teacher: Do you like smelling duty?

(Pupils look at one another but do not answer).

Teacher: Some children do, you know. In fact, lots of them do.

Pupil: Do they like to touch their duty?

Teacher: Some do and most likely each of you (naming the children) did.

Pupil: Did you when you were a child?

Teacher: That was very long ago and I can't remember exactly, but since most children like to do so, very likely I did too.

Pupil (very tensely): Do children ever eat their duty? What happens to them?

Teacher: I have heard of boys and girls who tasted their duty . . .

Pupil (interrupts tensely): What would happen to them?

Teacher: Nothing. It probably didn't taste very good.

(Pupils much relieved; one of them pleads:) Please say it again; say that message again.

Guided by the children's questions, almost the entire discussion was repeated, and still they wanted more. But the dismissal bell rang at this time.

The following school day, Monday, everything went on as usual, including free use of anal expressions. The worst offender was the most immature child in the group. As the day wore on, he got less and less response from the rest of the group. Towards the end of the day the child who had asked for a repetition of the 'message', said, 'Oh, that duty talk is baby talk. I'm not going to talk baby talk any more!' Suddenly, 'Oh, Mrs. X. (teacher) tell us that message again'. But again the dismissal bell rang and the teacher assured them that she would tell them about it next day if they wished. A chorus of voices eagerly assured her that they did.

It snowed the following day and outdoor play was very active which may have accounted for the absence of anal talk. When the circle was formed for discussion, the teacher said that some children had wanted her to talk about something. She was interrupted by one child who said, 'Yes, babies'. Another said, 'Duty'. A third said, 'Smell the duty'. All

were eager to discuss, but showed some self-consciousness and restlessness.

Teacher: Very small children like to touch and smell their duty.

Pupil: Oh no!

Another: You said one time about some child who ate duty.

A third: Did he swallow it?

Teacher: Yes, small children like to touch duty, smell it, and some like to taste it. I suppose many of you like to do all these things too.

All pupils: No-o-o.

Pupil: I did once—my mother's duty.

Teacher: Do you know why babies like to touch and feel their duty?

Pupils: No.

Teacher: What do babies do all day long?

Pupil: Stay in bed.

Another: They make duty in their beds, in their diapers.

A third: Some babies eat duty.

A fourth: My cousin eats duty.

Teacher: Does a baby make pictures?

Pupils: Chorus of 'no's'.

Teacher: Does a baby make things out of clay?

Pupils: Chorus of 'no's'.

Teacher: Does a baby make things at the workbench?

Pupils: Chorus of 'no's'.

Pupil: It's dirty talk.

Teacher: Is duty dirty?

Some pupils: Yes.

Teacher: What is duty made of?

Pupil: Food.

Another: Poison.

A third: Blood.

Teacher: Duty is made up of the food the body cannot use . . .

Pupil interrupts: Then why is it brown?

Teacher: When you mix all your paints altogether what color do you get?

Pupils: Brownish.

Another: Duty color.

Teacher: That's what makes duty brown. It is not blood and it is not poison.<sup>2</sup> Now let's go back to babies who can only make a few things. They can make . . .

Pupil: Duty.

Another: Wee-wee.

A third: Vomit.

Teacher: Yes, those are the only things a baby can make and it is happy and proud to make them. The baby is interested in these things it makes, and likes to touch them, smell them, taste them . . .

Pupil: But then we grow up so fast, we forget about it; we don't even know what we were when we were babies!<sup>3</sup>

Teacher: Kindergarten children learn to make many other things they are proud of . . .

(Pupils enumerate their achievements.)

Pupil (Impulsively): Let's make some more to our buildings.<sup>3</sup>

Another: Let's make some sawdust.

The children ran off to their respective jobs and worked more quietly, though enthusiastically, than the group had ever worked before. Not a moment was lost in the quarreling and bickering which usually goes on.

From this time, anal language diminished progressively and petered out through mutual discipline among the children and through dramatization. The spontaneous dramatizations took various interesting forms. The day following the discussion, the boys played at visiting one another's houses where they either 'did duty' or 'were duty' and were chased or swept out with broomsticks. Other boys shot at the 'duties'. In the next phase of the 'duty-it' game, two children were 'duties' and were chased by a man who wished to flush them down the toilet. In the next phase, the 'duties' were safe from flushing if they were on the slide which represented the Empire State Building. All children were required to take turns being

<sup>2</sup> This digression may have been unwise. It was made in the hope of alleviating an oft-recurring anxiety in connection with faces as poison. The digression was not part of the planned discussion, but the temptation to kill two birds with one stone was too great to resist.

<sup>3</sup> The child who made these remarks is the same one who asked for the 'message'. He is the 'pedagogue' of the group.

'duty', except one boy who gained exemption because he was the most popular boy in the class (incidentally, the least inhibited boy). Empire State was friendly only to the 'duties'. When anyone, child or adult, reminded them that they were still using 'duty' words, they would change the game to 'cops and robbers', and when they forgot, they would go back to 'duty and a man'. Such games were played with much excitement.

Still another version, 'ghosts', was played less excitedly. The ghost chases all the rest who are safe only when they are on a high place, such as the climber or the slide; when they are caught, they are imprisoned, until they escape and are again chased. After such games, a warm, brotherly feeling spread over the group and they would walk around arm in arm or embracing each other. Another dramatization was invented by one child (the one previously described as the most immature boy) who seemed to have a genuine need for this acting out. He named the game, 'flush-me-down-the-toilet'. It consisted of his crawling into an imaginary toilet, asking one of the children to pull the lever and thus 'flush the baby down the toilet by accident' (repeating 'by accident' several times); then the baby came out of the other end of the pipe 'by accident'. A little boy picked up an imaginary telephone and said, 'Baby, I'm calling you up in the sewer—hello!'; then the baby was reported to the uncle on the telephone as 'very bad'. At this point the baby ran away scattering make-believe money. He was delighted and excited with the game.

About three months after the group therapy discussion when anal talk had subsided almost completely, an 'accident' occurred: one of the boys swallowed a penny! He arrived at the infirmary weeping, complaining that he felt it 'right here'. The doctor assured him that he was all right, that the penny would come out in his next bowel movement, and that he could go back to his group. But the little fellow cried out that he wanted his penny *now*! He was given another penny and his tears instantly changed to smiles. When he returned to the group the children questioned him with wholesome curiosity but with no excitement. Some of the remarks were: 'It'll be



in your duty.' 'It'll be in the duty and you will have to look at the duty.' 'But I still have the penny now!' he said. The teacher explained that he had been given another penny.

This incident revived anal talk for a while, but it soon subsided to what is normal for a group of five-year-olds who are not required to conform to conventional modes of expression.

Educational group therapy accomplishes more than the removal of a symptom. It helps free children from guilt and anxiety by interpreting the symptom and universalizing it. They work it through or abreact it in their play. The relief and release children feel when the interpretation is made have the same explosive quality which characterizes the 'insight' of gestalt psychology in problem solving.<sup>4</sup> The release of tension frees the children for sublimation: productivity invariably steps up and social relationships improve. To be sure, this does not happen to the same degree with all the children, some of whom are acutely in need of intensive individual therapy. Educational group therapy is of service however to these children, revealing more vividly by contrast their need for psychotherapy. They are children who play so passive a rôle in the kindergarten, or for that matter in any class, that they can very easily be overlooked unless the teacher is as oriented in the realm of personality as she is in subject matter.

Educational group therapy may be considered a periodic intensification of an intelligent educational program as it should be conducted from day to day. An intelligent educational program is one in which the subject matter and the approach to it are sufficiently challenging to the children to afford them ample opportunity for sublimation; one in which the teacher is as interested in the personality of the pupils as she is in the subject she is teaching; one in which group discussions are conducted informally and purposively. Such an educational program is as feasible in public schools as in private schools.

<sup>4</sup> Cf. Köhler, W.: *Mentality of Apes*. New York: Harcourt, Brace & Co., 1925; and Alpert, Augusta: *Solving of Problem-Situations by Pre-school Children*. Teachers' College Publ., 1928.

## BOOK REVIEWS

**THE FIRST FIVE YEARS OF LIFE; A GUIDE TO THE STUDY OF THE PRE-SCHOOL CHILD.** By Arnold Gesell, M.D.; and Henry M. Haver-son, Ph.D., Helen Thompson, Ph.D., Frances L. Ilg, M.D., Burton M. Castner, Ph.D., Louise Bates Ames, Ph.D., and Catherine S. Amatruda, M.D. From the Yale Clinic of Child Development. New York and London: Harper and Brothers, 1940. 393 pp.

To all students of the development of mind and personality, a new book by Arnold Gesell is of special interest. His life work has become one of the important cornerstones of our knowledge of how the infant becomes a child. Gesell has been a pioneer in reducing problems of the infant's psychological development to scientific standards, and to a rare extent has combined the qualities of systematic observer and the ability to interpret his detailed memoranda in terms of a basic concept of development. The result is a basic science of the normal mode of maturation of those inborn physiological capacities essential to psychological and social performance.

There is a cleanness about both the technique and conceptual vision of Gesell which is seldom muddled by work from other fields. He can frequently refer to the importance of social and environmental factors which he has not intensively studied without being sidetracked by the work of those who have. This perfectionist individualism has contributed both to the clarity of his work, and also to his scientific isolation. The psychoanalyst will be the first to point out that Gesell has studied only the building material and not the carpentry of the individual's personality development. Gesell himself says in the book we are reviewing (p. 13): 'Environment determines the occasion, the intensity, and the correlation of many aspects of behavior; but it does not engender the basic progressions of behavior development. These are determined by inherent, maturational mechanisms.' Freud's own reiterated views of the importance of constitution refer more especially to the hereditary determination of drives and 'choice of neurosis' than to the effectors which Gesell especially studies; but there is no essential contradiction. The analyst can find in Gesell's results much empirical material for checking his own inductions

concerning infantile development, and especially the rudiments of the ego. The importance of such factors as fantasy, pleasure and pain, object relationships, and identification in determining the eventual selection and configuration of potentialities in the development of personality are vaguely recognized by Gesell, but not intensively studied. But morphology and physiology are none the less fundamental because they are not the whole story.

The First Five Years of Life is well described in the preface by a quotation from an earlier book by the senior author: A Psychological Outline of Normal Development from Birth to the Sixth Year, Including a System of Developmental Diagnosis. It will not become a basic book in child psychology only because it is essentially a restatement of those methods, results and fundamental concepts which were definitively presented in The Mental Growth of the Preschool Child (Macmillan, 1925) and Infancy and Human Growth (Macmillan, 1928). The new book does not present a basically new research, as did Feeding Behavior of Infants, by Gesell and Ilg (Yale University Press, 1937), nor is it a new technique of clinical reporting as was the detailed photographic manual, An Atlas of Human Behavior (Yale University Press, 1934). Some of the unity and literary effectiveness of the earlier books are sacrificed to the advantages of collaboration with his associates. It gains chiefly from the amplification and refinement of many details in consequence of the work of the intervening years and from the reiterated emphasis on the clinical viewpoint and depreciation of laboratory quantification for its own sake. The author warns us that 'the only way in which we can escape the errors of mechanical psychometric methods is to bring to bear the critical corrective of developmental interpretations'. Not test scores, but the expert appraisal of typical and atypical performance is to be esteemed.

The first five chapters are written by Gesell himself. They review without technical minutiae the principle that 'mental growth is a patterning process; a progressive *morphogenesis* of patterns of behavior' (p. 7). This has been studied with special reference to normative maturity levels in four basic categories: motor characteristics, adaptive behavior, language, personal-social behavior.

It would be hard to find a better epitome of preschool development from the standpoint of Gesell than the following thumbnail sketch (p. 13): 'In the *first quarter* of the first year the infant gains

control of twelve tiny muscles which move his eyes. In the *second quarter* (16-28 weeks) he comes into command of the muscles which support his head and move his arms. He reaches out for things. In the *third quarter* (28-40 weeks) he gains command of his trunk and hands. He sits. He grasps, transfers and manipulates objects. In the *fourth quarter* (40-52 weeks) he extends command to his legs and feet; to his forefinger and thumb. He pokes and plucks. He stands upright. In the *second year* he walks and runs; articulates words and phrases; acquires bowel and bladder control; attains a rudimentary sense of personal identity and of personal possession. In the *third year* he speaks in sentences, using words as tools of thought; he shows a positive propensity to understand his environment and to comply with cultural demands. He is no longer a 'mere' infant. In the *fourth year* he asks innumerable questions, perceives analogies, displays an active tendency to conceptualize and generalize. He is nearly self-dependent in routines of home life. At five he is well matured in motor control. He hops and skips. He talks without infantile articulation. He can narrate a long tale. He prefers associative play; he feels socialized pride in clothes and accomplishment. He is a self-assured, conforming citizen in his small world.'

This sketch is elaborated in the later chapters of Part I, which concludes with a chapter of photographic illustrations of preschool behavior.

The four chapters constituting Part II have been prepared by Dr. Gesell's associates: Halverson, Thompson, Castner, Ilg and Ames. They discuss in detail the eighty test situations used for examination at the Yale Institute, and should be of special value to the student and expert in this field. The technical details are treated still more fully in a fifty-eight page appendix on Examination Records and Arrangements. The final chapter of this section on Personal-social Behavior, by Drs. Ilg and Ames, is of more general interest; it contains a variety of data from the home situations of every child.

Part III by Dr. Gesell, with the collaboration of Dr. Amatruda in two of the chapters, deals with The Study of the Individual Child. He reiterates the need to avoid a 'myopic' view of psychometrics, emphasizes judgment in appraising test performances by reference to the total personality of the child, and discusses the art of competent clinical examination. 'The examiner', says Dr.

Gesell, 'who is truly imbued with a development point of view is keenly sensitive to the past history of the child, and looks upon the psychological examination, not as a series of proving tests, but as a device or a stage for evoking the ways in which this particular child characteristically meets life situations' (p. 266). The chapter on adaptation of the examination to atypical conditions, particularly psychological and physiological handicaps, and the chapter on personality characterization both illustrated by case material, are of special interest to the clinician. Dr. Gesell concludes with a chapter on the social significance of child psychology and its practical applications in the home, the school, and the clinic, in preparing our preschool children for life in a democracy.

There is a bibliography and an excellent index.

IVES HENDRICK (BOSTON)

**GROWING OUT OF BABYHOOD.** Problems of the Preschool Child. By William S. Sadler, M.D., and Lena K. Sadler, M.D. New York and London: Funk and Wagnalls Co., 1940. 350 pp.

**AS THE TWIG IS BENT.** By Leslie B. Hohman, M.D. New York: The Macmillan Co., 1940. 291 pp.

The dilemma of those who resist basic psychoanalytic principles and yet must incorporate into their thinking certain psychoanalytic concepts that have today become common property is illustrated in these two books. Inevitable misunderstanding of freudian ideas and conscious hostility and unconscious resistance to basic concepts make for a variety of inconsistencies in explaining behavior and suggesting treatment or training. Blind spots prevent clarifying situations on deeper levels in Hohman's book. Ambivalence mars the usefulness of progressive attitudes in the Sadlers' book.

The latter offers to parents a comprehensive guide to the psychologic aspects of early childhood problems, presenting modern attitudes on such matters as training for bowel and bladder control, thumb-sucking, fears of childhood, and all the usual problems of discipline and the relationships of parent and child. Where it is a useful book is in its concrete instructions and specific advice of a medical or pedagogic nature in certain typical difficult situations. Where it is weak from the psychoanalytic point of view, is in its detachment of one behavior phenomenon from another, a fault that follows inevitably from refusal to recognize the instincts



as the basic source of behavior, and to see the behavior as a connected outgrowth of these urges and the influence of the environment on them. For instance, negativism and stubbornness are discussed not as reaction-formations to anality, but in reverse, as the cause, or at most as parallel behavior with it. Again the pleasure accompaniment of sucking is recognized and a generally sane attitude towards its manifestations is recommended, but its 'sexual' significance is refuted, except in 'unusual' cases. This type of ambivalence due to misunderstanding of psychoanalytic concepts, due in turn to resistance, manifests itself through the whole book. Substitutive activities, preventive techniques, certainly useful educationally, are suggested for symptomatic behavior and neurotic characteristics, but as we know from clinical experience such methods are usually a matter of luck in their efficacy and never effective in severe disturbances. For example, while the authors seem to recognize the universality of masturbation and take a sensible attitude in advising less anxiety and threatening on the part of parents, their dilemma is evident from this statement: 'In dealing with masturbation, the matter of first importance is prevention'. Again, emotions, habits, personality and character development, both healthy and symptomatic, are discussed only on the conscious plane in the usual 'common sense' manner of guidance writers. The failure to differentiate between manifest behavior and the unconscious motivation causes a fundamental lack of unity in this book which accounts for discrepancies between understanding and advice. And yet it illustrates the unconscious acceptance of an assortment of current attitudes proceeding from psychoanalysis, so that supported by the experience and innate good feeling for children which the authors have, it is in spite of viewpoints and suggestions for training with which we would not agree, a handy guide for parents.

Outright hostility to psychoanalysis seems to be the propelling force in Hohman's book, for on it he blames all the errors of present-day upbringing. Psychoanalysis is, one gathers, responsible for what he calls 'the doctrine of "No Repression" '; for the widespread overindulgence of modern parents and for the serious errors of progressive education. Therefore he calls for 'common sense' and the old-fashioned ways of inhibition and control. It is quite possible that the parents of the children described are in need of the lively verbal spanking which the author administers, for they

seem to be overprivileged parents whose insecure personal relations cause overindulgence from guilt on the one hand, and anxiety and timidity in the ego training of their children on the other. If schools foster self-expression with no repression then they too deserve the scolding they cheerfully get here. The gross error seems to be in the assumption that psychoanalysis disregards ego development and is unaware of the inhibiting forces in healthy growth; that the neurotic behavior of the overprivileged is due to psychoanalysis and that all parents display this overindulgence; and that the errors of some progressive schools in their experimental days were characteristic of the majority of schools, where even now only in the mildest degrees freedom from regimentation has infiltrated. A statement like this: 'Even the most ardent psychoanalyst of today when faced by a boy who persisted in throwing stones at his playmates would see no virtue in stone-throwing as such' is unworthy of a serious writer. It succumbs to gullibility that is as far from 'common sense' as it is from science.

Yet in this book too the influence of psychoanalysis is felt. Especially as regards the adolescent good practical advice abounds. On sexual manifestations in adolescent behavior, sex enlightenment and the attitudes of parents and society to the normal sex urges and behavior which may conflict with moral attitudes, Dr. Hohman takes a consistently progressive and realistic point of view. These are the best chapters in the book.

What the early training for this should be is not made clear except by implication. It is not easy to follow the author's belief that to turn away from our knowledge of the function of the instincts in early development and the newer techniques of learning through pleasant ways, to the older ways—a slap, isolation in a closed room, spanking, (or a more modern form of punishment, immobilization)—will bend the twig in more desirable directions. While such techniques may be suitable for adult hysterics, we must register our disbelief in their efficacy as mental hygiene for children, and while no analyst would disagree with the author's concern for the need of ego reorganization among the youths in the milieu his cases suggest, one has the impression that the treatment is not really concerned with the basic emotional conflicts, but rather with the creation of defensive characteristics and reaction-formations.

One reads these books with the feeling that one cautious step forward has been taken in order to take two backward.

MARIE H. BRIEHL (NEW YORK)

**STUDIES IN INFANT BEHAVIOUR.** By Ruth Klein Lederer and Janet Redfield. Iowa City: University of Iowa, 1939. 157 pp.

Two students' dissertations, requirements for a doctorate degree, comprise the 1939 July issue of *Studies in Child Welfare*, a periodical which publishes the research work of the Iowa Child Welfare Research Station. The first study is devoted to an exploratory investigation of the 'handedness' question in the first two years of life and the second study is on the light sense in the newborn.

The first study, Miss Lederer's, very methodically and classically begins with historical references (Plato and Aristotle) and ends with an imposing list of forty-five references. A useful appendix appears at the end of the book. The first four chapters lead up to and include the setting up of tests and a description of the testing, whereas the fifth and sixth chapters are devoted to the analysis of the material from the point of view of the development of handedness and the causation of dominance (innate and/or environmental). The last chapter is a summary. The individual interested only in the findings and not in methodology can pick up the essence of the material in the last three chapters.

Miss Lederer's experiments were the first of its kind and were begun in 1934. In support of her findings are a number of factors inherent in the methodology, such as the length of time the experiments were carried out, the use of different types of handedness activities for tests as well as the carefulness of the tests. Care was taken to distinguish chance from significant results, all results were compared to previous experiments, and so on. Of the theoretical aspects, the following are some interesting findings. The initial period of ambidexterity, assumed as a fact by most authors, cannot be taken for granted. In one group, age three to eight months, over sixty-six per cent of the infants showed a preference for one hand. The same number showed left-handed as well as right-handed preference in the six to twelve month group, irrespective of sex. This latter fact was probably responsible for the fallacious general conclusion of initial ambidexterity. Change in handedness occurs more frequently in left preference and in the first year. Thus a test

in the first year has little predictive value. Consistency in response is much greater in the second year.

The comments on the causation of dominance are very limited and inconclusive. To test the effect of environmental influence, an experiment on nine children was carried out which led to the conclusion that strongly determined right handed infants were little affected by attempts to change the preference while less strongly determined cases may have been affected. This of course did not preclude innate structural factors as responsible for the right dominance.

The second study, by Miss Redfield, is an attempt to evaluate by several available techniques the sensitivity in the newborn to visual stimulation in regard to threshold, capacity for adaptation and ability to discriminate intensities. It is a painstaking study consisting of three main experiments carried out on ninety infants of one to nine days of age. It abounds in detailed tables and numerically expressed findings. At the end of each chapter are the conclusions clearly stated. Briefly stated, the essence of the findings is to the effect that the number of infants quieted by light stimulation, after a varying period of dark adaptation, is greater than the number excited. The extent of bodily activity is used as the index. The detailed findings cannot be summarized beyond the author's summary. The interest of the paper is primarily for the genetic psychologist and the physiologist.

LILLIAN MALCOVE (NEW YORK)

**SCHIZOPHRENIA IN CHILDHOOD.** By Charles Bradley, M.D. New York: The Macmillan Co., 1941. 152 pp.

This volume is essentially a review of the literature on childhood schizophrenia with the addition of some unenlightening comment by the author who is Medical Director of the Emma Pendleton Bradley Home, East Providence, Rhode Island.

Into sixteen chapters dealing with incidence, symptomatology, differential diagnosis, prognosis, etc., Dr. Bradley has sifted and arranged the pertinent findings and opinions of one hundred and twenty-seven investigators who have written on the subject.

The book is of value in its discussion of symptomatology, course and differential diagnosis, although this is presented entirely from a superficial phenomenological standpoint. The limitations of this



point of view are of course most apparent in the discussions of ætiology and psychopathology where the usual unscientific nonsense about heredity, constitution and endocrines is uncritically dealt with and enormously overweighted at the expense of the psychology of the developing child. The ideas of Melanie Klein, Susan Isaacs and other psychoanalytic workers are hurriedly passed over in a line or two while a good deal of space is given to a crop of meaningless comments like: 'Neither personal observation nor contributions to the literature offer a solution as to whether the schizophrenic child shuns reality because he prefers a life of fantasy, or whether he retreats into fantasy because he cannot bear to meet the problems of the world'.

There are author and subject indexes and a bibliography.

JULE EISENBUD (NEW YORK)

CHILDREN IN THE FAMILY. A Psychological Guide for Parents. By Florence Powdermaker, M.D., and Louise Ireland Grimes. New York and Toronto: Farrar and Rinehart, Inc., 1940. 403 pp.

Addressed to parents and others who have to do with the management of children from birth through adolescence, there is almost no subject from bowel training to religious teaching that may not be found in the very complete index of this book and amply discussed in the text. It is simple and nontechnical in its approach, drawing on medicine and psychoanalysis for its point of view.

This can be numbered among the very few popularly written books on how to bring up children that get away from the 'habit training' bugaboo and the notion all too common with physicians as well as parents that fixed schedules and rules rigidly adhered to are the secret of success with babies. Early in the book the authors declare: '... schedules are laid down for the baby's health and comfort and ... when these two requirements are endangered by too strict adherence to the letter of the law, "the law's an ass" and may be changed to fit the emergency.'

With this as a starting point it is not surprising to find the important problems of nursing, weaning, eating, bladder and bowel training, sleep, sucking, biting and all of the infant's early physical activities approached with consideration for the child's early instinctual needs and with attention continuously directed to individual



differences in these respects. The authors understand that a satisfied baby is better able to accommodate himself to later denials than one who has been forced to accept premature discipline and mechanical, impersonal training without warmth and enjoyment on the part of those who give it. The child's clairvoyance for his mother's real attitude and state of mind is likewise emphasized with warnings as to the effects of these when unfavorable, on the child's fundamental sense of security and well-being.

Parts I, II and much of III which deal with common nursery procedures with the infant and young child are excellent both in point of view and in offering details for practical measures designed to help children take the 'next step' in the difficult business of becoming civilized. Parts IV and V, however, which deal with the child during the early school years and adolescence, while often helpful, suffer somewhat by comparison. The book becomes less readable, more academic and conventional and as we go on the feeling grows that with the attempt to boil complex matters down to their essentials and present them simply, the authors sometimes oversimplify. This is very difficult to avoid and since parents must constantly act and therefore need to know all they can, the attempt itself is perhaps worth while. Nevertheless the reassuring tone and the promise of a happy ending for childhood problems is sometimes carried too far.

For example, as regards thumb-sucking: parents are told that the child needs to suck, that this is a primary need and that mechanical interferences do nothing but harm. So far so good. They are also told in the case of the young child that 'if he is given different toys to keep him busy, if he is not left unheeded too long in his carriage or pen, and if he is kept well fed and comforted when unhappy, the habit will diminish noticeably'. This is good advice at any time but it does not *always* cure thumb-sucking. There are other commonsense suggestions and the importance of making the child feel loved and cared for is again emphasized with continued assurances that 'the thumb-sucking eventually is bound to diminish and disappear'. Perhaps it is impractical to try to make parents aware of all the complications that may befall a child's oral development but this hardly seems an accurate picture of a great many cases, and parents are entitled to know that progress is not always so smooth. In addition, the question of possible dental malocclusion is too airily dismissed. ('Many dentists agree

that the habit does little or no harm to the jaw.') While this controversy still rages it seems rash to ignore the recent careful work in this field where the claims are quite to the contrary.<sup>1</sup>

The authors' treatment of such manifestations as stealing, inability to concentrate, daydreaming and sex play and preoccupations are open to the same criticism. With most of these matters the approach is good enough as far as it goes. Sex curiosity and sex experimentation are 'natural' and the parent is led to believe that if met with a willingness to talk it all over and a reassuring attitude, the child's development will proceed unhampered. The discussion of masturbation is another case in point. Parents are assured that in itself it is harmless and warned against physical or moral restraints. Again so far so good. But the problem of what happens to a child or young person left to struggle with the problem of his own guilt is inadequately met. There is a tacit implication by the authors that guilt is always put into a child from the outside directly as the result of parental disapproval, whereas in reality the sense of guilt is the very price of civilization. While it certainly may be mitigated, it can never be wholly eliminated. Essentially, not masturbation itself nor even the fear of the physical consequences but the fantasies that accompany it are the greatest guilt producing elements. In the face of these the parents' reassurances can be only partially effective.

Problems arising in connection with discipline and authority—at once the most commonplace and the most difficult of all aspects of home management—are on the whole well met. Aggression in children is presented as a necessary part of normal growth, something to be understood and accepted in relation to a child's total personality, not as something to be either thoughtlessly suppressed or equally thoughtlessly ignored. The usefulness of dramatic play and stories in reducing aggressiveness is often charmingly illustrated. But one wishes too that the essential reasons for parental control stood out more sharply. Discipline is not merely a make-shift arrangement to keep children bearable until they grow up; nor is it just a system for instilling good morals and good habits, important as these things are. Essentially, discipline is a way in which parents by controlling, circumventing and sometimes punishing, save children from themselves and from the consequences of

<sup>1</sup> Swinehart, Earl W., D.D.S.: *American Journal of Orthodontics and Oral Surgery*. June, 1938.

their own primitive drives which if allowed to run riot, produce only bad conscience and a sense of guilt and failure. Too many parents (and others) missing this point fail their children and in trying to prevent well-known neurotic character formations precipitate them into worse ones.

The authors of course are not unaware of the pitfalls involved in every attempt to write simply on matters that have many complications. There are warnings from time to time that if the measures suggested fail, parents should turn to child guidance experts. There is a similar warning that a mother consult a psychiatrist when she is 'unable to achieve any kind of serenity either because she is unhappy with her husband or because she is confused and overwhelmed by family or personal problems'. But these occasional warnings are likely either to be passed unnoticed, or to come as a surprise to the parent who has read through so many reassuring pages. The book offers so much that is useful, that one wishes for more discussion and illustration specifically designed to awaken its readers to the vast importance of the unconscious factors in parent-child relationships and to the part they are constantly playing in family life.

ANNA W. M. WOLF (NEW YORK)

THE PSYCHOLOGY OF PARENT-CHILD RELATIONSHIPS. By Percival M.

Symonds. New York: D. Appleton-Century Co., 1939. 228 pp.

This book attempts to throw light on various aspects of the parent-child relationship and its influence on the teacher-pupil and counselor-client relationships. The author is well acquainted with the writings of Freud and his followers as witnessed in his introductory chapter, *Some Basic Concepts*. Also, in the last two chapters devoted to a discussion of the pupil-teacher and counselor-client relationship, the many quotations taken from the psychoanalytic literature show sympathy with, and at least an intellectual acceptance of that approach.

For this reason, the main body of the book is the more disappointing. Apparently it is an attempt to coördinate the academic psychological approach and the deeper insight gained by psychoanalysis. However, the latter is fairly well lost by the wayside in a maze of statistics and an effort to gather sufficient quantitative evidence to make the findings valid.

The greater part of the book describes an investigation by the

author of what he considers the main factors at work in the parent-child relationship. He says, 'After reviewing the mass of literature on this subject and attempting to reduce the confusion of thought to some sort of orderly and significant basis, it seemed apparent that *two* main factors are at work. One of these is the *acceptance-rejection* factor; and the other, the *dominance-submission* factor. . . . Both these factors may be thought of as existing in amount or degree. . . . The behavior of any parent may then be thought of as occupying a point on a two dimensional surface.' (*Acceptance-rejection* represented as the X axis, *dominance-submission* as the Y axis.) 'The point of origin (intersection) represents the ideal parent-child relationship. Such a parent neither over-accepts nor rejects his child—he gives affection moderately. . . . Such a parent is neither too strict and severe nor too lenient.'

The investigation proposes to answer the following questions: '(1) what sort of (parental) behavior characterizes the extreme of the two continuums, *acceptance-rejection* and *aggressiveness-submission*? (2) what child behavior is related to each combination of these two behavior tendencies in parents? (3) what is there in the background of either parent or in the relationships between the parents that can be related to the adoption of a given form of parental behavior towards the children?'

The author realizes that ambivalence complicates the picture, noting that there are three extreme and undesirable forms in each of the two continuums, namely acceptance, rejection, and ambivalence; and dominance, submission and inconsistency. One wonders why in the compilation of data the factor of ambivalence was not given specific mention. Perhaps this was not sufficiently recognized by the former students of Symonds, who, under his instruction, collected the material upon which the investigation is based. But from the psychoanalyst's point of view, this is only one of many important omissions which are no doubt largely due to the method employed, one of the weakest points in this study. Although the author clearly understands the importance of unconscious factors and their effect on the parent-child relationship, his instructions to his assistants throw emphasis on the superficial, easily recognized factors in overt behavior.

Another bad feature of the method, is the large number of assistants each of whom was asked to find one family in which a child was either accepted (or dominated) and one family in which



the child was rejected (or was dominating). The age of the children was unspecified, but each pair was to be as nearly as possible like each other in sex, school grade, social background and intelligence level. Thus the study attempted to compare accepted and rejected children and dominated and dominating children roughly matched in 'fundamental' characteristics. Although Symonds took every precaution to be specific in his instructions, it is obvious that the thirty-one persons who contributed the studies on acceptance-rejection, and the twenty-eight, the studies on dominance-submission, must represent equally many points of view.

Summarizing the conclusions arrived at in the acceptance-rejection study, Symonds states, 'that accepted children show predominantly social characteristics' and 'rejected children show attention-getting, restless, anti-social trends; also that it is fair to suspect that children showing either of these two extreme types of behavior have been accepted or rejected by either or both parents'. 'Accepted children are emotionally stable, well socialized, calm and deliberate, enthusiastic and interested and have personalities possessing admirable qualities. Rejected children, on the other hand, show much emotional instability, an excess of activity and restlessness, are generally antagonistic toward society and its institutions, and show apathy and indifference.'

Children of dominating parents are better socialized, have more acceptable behavior, and conform more closely to the mores of the group than children of submissive parents. They are more interested in and have a better attitude towards work and school. However, they tend to be more sensitive, self-conscious, submissive, shy, retiring, seclusive and have greater difficulty in self-expression than children who are given more freedom. Although children of submissive parents have many bad traits, are disobedient, irresponsible, and disorderly, they have the advantage of being forward and can express themselves effectively. However, they also tend to defy authority, to be stubborn and unmanageable. Accepted children are more like dominated children, where the rejected children are like the dominating children. Symonds found no evidence that submissiveness on the part of parents leads to delinquency. Dominant parents tend to have submissive children and vice versa.

The author himself makes several pertinent criticisms of this study. On page 138 he says, 'This study is tantalizing because of what it does not show—it is quite obvious that the analysis must be carried further and the sexes treated separately. Does it make a



difference to a boy whether it is his father or mother who dominates him? Does it make a difference to the girl? What is the influence on the personality of a boy or girl if the mother is strict, the father passive, or vice versa? The œdipus situation in childhood is undeniably making its mark on the growing personality of the child according to the differences in the personalities of his parents.'

It is disappointing that the author does not put his knowledge of psychoanalysis to greater practical use. The concepts of identification and projection are hardly more than hinted at and transference is only spoken of in the relation of the child to the teacher. The fact that parents and teachers project feelings onto the children is entirely omitted. In discussing the teacher-pupil relationship, Symonds emphasizes the individual relationship and the parallel to that of the parent-child. It would have been important also to point out the difference; the rôle of the teacher as the leader of the group.

MARJORIE R. LEONARD (LOS ANGELES)

**PRACTICAL CHILD PSYCHOTHERAPY.** By Curt Boenheim. London: John Bale Medical Publications, Ltd., 1938. 177 pp.

Stemming as it does from the pediatric clinic, this book by Dr. Boenheim is concerned with the emotional difficulties of the child which are most frequently seen by the physician and as such fulfils a need which some pediatricians have been verbalizing for several years. Because of his pediatric approach, Dr. Boenheim's book should meet with greater acceptance than most of the child guidance literature to date. Although he discusses the theories of personality development of Adler, Jung, Buehler, etc., he favors the freudian theory and thus bases his discussion of the emotional difficulties in children on a firm footing. He even goes so far as to state that a 'thorough training in analysis is just as necessary for the work of a child psychotherapist as it is for the psychotherapist dealing with adults'. In his discussions of specific types of cases, he shows a good understanding of psychoanalytic theory. However, he discounts child analysis as a therapy for younger children 'since in most cases the child has no appreciation of its own condition nor of the distinctive features of treatment'. His own method of treatment is directed in general toward the manipulation of the environment, so that the child is exposed to a more normal home and social life.

This method suggests the belief that by changing those factors

in the present situation which were responsible in the past for the development of the neurosis, one can expect a reorganization of the child's personality sufficiently great to react adequately to a more auspicious environment. For some problem cases such an assumption is known to be legitimate. Not only is this demonstrated by the favorable outcome of the cases treated by Dr. Boenheim, but also by many cases treated favorably by this method in the majority of child guidance clinics in this country. The psychoanalytic theory of the development of the ego also warrants such a conclusion in cases where the ego is quite undeveloped and where the child is still very dependent upon the adults in his environment, that is, in the preschool and early latency periods. However, there are many cases in which such superficial treatment has little or no effect upon the child's personality or symptoms, and effective results can be obtained only by direct treatment of the patient. Fortunately, Dr. Boenheim recognizes this, at least theoretically, for as an addendum to the treatment discussion of each type of difficulty he suggests the use of individual psychotherapy if other methods fail. Although environmental manipulation is the major suggestion offered in the discussions of therapy in specific symptom groups, in the general discussion of methods he recommends as adjuncts in treatment the use of hypnosis, rest and relaxation, exercises, reassurance and particularly training of the patient when such procedures seem indicated.

The neurotic difficulties which are considered in this book are those more directly connected with somatic illnesses, and many problems met by the psychiatrist are not even mentioned. Dr. Boenheim discusses anorexia, vomiting, rumination, constipation and faecal incontinence, enuresis, masturbation, tics, fits, stammering, and finally some general somatic disorders of the heart, the blood vessels, the lungs, the brain, etc. However, he omits any mention of difficulties in behavior which have no somatic concomitants, such as antisocial stealing, destructiveness, shyness, or specific neurotic syndromes such as phobias, compulsions or the learning difficulties in school adjustment.

This book obviously does not present any new information concerning causative factors of child neuroses or their treatment, since there is nothing which has not been written many times in various manners, nor yet does it present the material more adequately than others have done, although it is smoothly written and quite well

organized. In the reviewer's opinion its greatest value lies in the fact that in readable, simple language a physician presents to physicians well established psychiatric concepts. From this viewpoint it is more likely to receive the friendly notice of pediatricians. Since it does not insult them by discussing socially taboo subjects or by using technical psychiatric language, it may aid in allaying the antagonistic attitude which many pediatricians possess towards the general field of child psychiatry. At the same time the treatment methods suggested by Dr. Boenheim are sufficiently harmless and yet sound enough to warrant their use by the pediatrician in certain mild cases in which his good relationship to the mother and child indicates that he is the best person to treat the case. Experience has shown that superficial treatment in the early phase of symptom development may frequently prevent the development of a more serious neurosis and, since the pediatrician is most often the person who sees the child at the onset of the illness, he is in a uniquely favorable position to practice preventative psychiatry.

MARGARET W. GERARD (CHICAGO)

LA PUBERTÉ: ÉTUDE CLINIQUE ET PHYSIOPATHOLOGIQUE. (Puberty: A Clinical and Psychopathological Study.) Edited by Guy Laroche. Paris: Masson et Cie., 1938. 346 pp.

Moved by the beautiful poem *Rolla* in which Musset glorifies youth, Guy Laroche, the distinguished endocrinologist of the Tenon Hospital in Paris, regrets in his preface to *La Puberté*, that this 'ideal evolution' cannot be valid for the youth of our time. The adolescent of our day is often unbalanced thanks to a milieu which having confused him and crippled his mind proceeds to misunderstand him. Referring to numerous authors, particularly Gide, who have portrayed the consequences of an abnormal sexuality, Laroche deplores the mistakes which contemporary educators daily commit.

Unfortunately, this volume fails to bring to the problems of the adolescent the understanding so earnestly desired by the editor. In some twenty articles contributed by as many well-known French physicians, very little space is given to the psychological aspects of adolescence while a great deal is written about the medical problems of individuals in this age group. The question of sexual orientation and its relationship to the developing personality is

taken up almost exclusively from the hormonal standpoint. In this nothing original is offered.

No endocrinologist's library should be without this book.

PAUL FRIEDMAN (NEW YORK)

**EMOTIONS AND CONDUCT IN ADOLESCENCE.** By Caroline B. Zachry, in collaboration with Margaret Lighty. New York and London: D. Appleton-Century Co., 1940. 563 pp.

This book is a final presentation of a five year study set up within the Commission on Secondary School Curriculum of the Progressive Education Association. Its purpose was first to clarify the dynamic picture of the adolescent working out his life adjustments and second to define the responsibility of the secondary school educators in helping the adolescent work out these adjustments. Dr. Zachry, the organizer of the study, included in her staff workers representative of the various fields of education, psychology, medicine, anthropology, sociology and social work. The investigations were carried on in both private and public secondary schools and the data gathered from many sources such as direct observation, anamnesis, discussion groups, products of class work, interviews with guidance counsellors, and so on.

The result is a carefully arranged, clearly written, well-indexed textbook, invaluable for teachers, guidance workers and other specialists in the field of education. As a contribution to progressive education, the study is doubtless of very great importance. The psychoanalyst may find that the book falls somewhat short as a comprehensive study on adolescence because of the simplification of causality and the special emphasis on the approach necessitated by the goal of educating the educator. Nevertheless, it is well worth reading.

The preface outlines the school's responsibility toward the adolescent in his adjustments to life, the school's resources for understanding these needs of the adolescent and the actual rôle that different members of the staff can play in this process. The scheme of the book is based on the view that adolescence is a transition period in which profound emotional adjustments are being made, towards self, towards people and towards the community. These three aspects are then discussed in three major parts, captioned: Changing Attitudes to the Self, Changing Personal Relationships, and Changing Attitudes to Basic Social Insti-



tutions. The rôle of education is discussed in each section in detail and with frankness. Case illustrations from a few lines to a few pages give vivid examples of the many different kinds of behavior so that it is very clear even to readers unacquainted with the concepts presented. Where the behavior is disturbing, the author advisedly uses the term 'troubled adolescent' rather than 'neurotic', and the behavior is presented as symptomatic of certain needs, deprivations, conflicts, anxiety, etc.

The first part, *Changing Attitudes to the Self*, is an excellent dissertation on the interweaving of the physical and emotional development in both boys and girls, and it is supplemented by a fine chapter on physical growth changes and the process of maturation contributed by Dr. B. Spock. No one school of psychological thought stands out as the basis for the analysis of the behavior and feelings of the adolescent. The main premise can be summed up in the sentence that the child who grows up in reasonable security does not find the problems inherent in adolescent growth too much to assimilate. As prerequisites for security are included relatively mature parents who accept themselves, relatively good relationship between the parents and capacity in the parents to accept the children as individuals which is basic for the child's feeling of adequacy. As a corollary, the difficulties of adolescence arise from emotional insecurity (from too much protection or not enough affection) which produces a feeling of unsureness, a low self-esteem which then results in conduct variations from too great dependence to defiant antisocial acts. The happy medium is obviously a reconciliation between the reliance on parental standards and a self-determination. The reader truly has the opportunity to see beyond overt behavior and into some of the intrapsychic constellations in the child. The author includes a concise discussion of the standards of worth in American culture, the origins of these standards and their influence on the adolescent as he seeks to find for himself a place in adult economy. Thus the discussion of the influences affecting the feelings and conduct of the adolescent emphasizes equally the environmental forces, social (includes family) and economic, as well as the inner drives, sexual and hostile impulses in particular.

Part two describes the changing and fluctuating picture of the adolescent's everyday behavior as expressed towards his family, home, peers, school, other adults as educators, group leaders, and



to groups. Particularly stressed is the changing attitude towards parental authority and protection and the effect of this on behavior towards parents and other adults. The adolescent's frequent precipitous plunging into relationships is described by the author and ascribed to insecurity. This is probably true, yet it is such a usual experience in adolescence that one might wish it had been more clearly described as normal for reasons inherent in that stage of emotional development. The same is true of crushes and hero worship. Since the author does not actually say these are abnormal manifestations, it is only for the less well prepared readers that one would want to make more clear the relative normality of such conduct.

The third and last part of the book deals with the changing attitudes in adolescence towards vocation, marriage and citizenship. Again the discussion includes the values in these adjustments in terms of inner emotional needs as well as social values. The last part really takes the adolescent into adulthood. The book ends with a section describing the choice of a staff of educators and a description of successful maturity.

LILLIAN MALCOVE. (NEW YORK)

**PSYCHIATRIC CLINICS FOR CHILDREN.** With Special Reference to State Programs. By Helen Leland Witmer. New York: The Commonwealth Fund, 1940. 437 pp.

This book deals particularly with the psychiatric service available for children in nonmetropolitan areas, most of which is conducted under state financed programs. Dr. Witmer has undertaken to review and analyze the data collected by field workers of the National Committee for Mental Hygiene. But, in view of the advances in psychiatric and case work with children, and in view of the growing interest in this field, she presents much more than the Survey which makes up the second part of her book. The first part gives an orientation in the theory and history of clinical child psychiatry, with attention to 'the cultural pre-requisites of a successful mental hygiene program'. The concluding portion of the book consists of a discussion of Principles for Future Programs. This arrangement of the material adds much to the appeal of the book in that it permits readers of varying interest to select material without losing the continuity.

Adolf Meyer is given major credit for stimulating child psychiatry in this country, at least the state supported programs. This was a direct derivative of his early insistence on the need for psychiatrists to obtain more information about the lives of their patients; his demand for preventive measures; his encouragement of social service, and his efforts to make the mental hospital the center for community mental health work. Meyer's chief contribution to theory lay in his point of view regarding 'the wholeness of human behavior and the uniqueness of each individual case'. The freudians revealed the importance of parent-child relationships, the capacity for self-direction in the individual, the purposiveness of behavior, the importance of transference phenomena, and 'cast doubt on the appeal to reason as a major therapeutic instrument'. This 'faith in the guiding power of reason and the conviction that social conformity is a matter of conscious control' is a prevalent American attitude that offers much resistance to effective child psychiatry and nowhere more fiercely than in rural areas. Along with this goes the awe of the mentally ill, the fear of the psychiatrist, and the attitude that to seek psychiatric help is an admission of personal failure. Following these comments on cultural attitudes, the author offers further historical material on the evolution of psychiatric clinics for children. These chapters close with statistical data concerning the inadequacy of present clinic service for the rural areas and small communities.

Part II consists of a survey of state financed clinics. The survey is an exhaustive one and covers such matters as the origins of the clinics, factors important in initiating the need and demand for clinic services, the number and types of patients served, service offered, the staff, influence of the training of the staff on work with children, quarters, schedules, etc. In general, the state hospital clinic programs meet with difficulties due to the staff attitude (consequent on work in hospitals and with psychotic patients), the staff's lack of training for work with children, the limitations inherent in rural work, the public's attitude towards mental hospitals and mental disorders. Only a third of the clinics had the usual child guidance clinic staff of psychiatrist, psychologist and social worker. In only one clinic of the large group studied (apparently two hundred eighty-one) was the psychiatrist specifically trained for work with children. In most clinics, the great majority of the work consisted of diagnosing and making recom-

mendations for feeble-minded or neurologically disabled children. This service met with much appreciation. But if the children referred suffered from more exclusively emotional disorders, criticism was apt to develop over the meager treatment facilities. 'Our survey of the clinics seems to throw doubt on the hospital's ability adequately to serve such patients and, indeed there was some question whether completely satisfactory service to any group of children can be rendered by a staff whose outlook is that of the typical state hospital.' Case studies were presented not only of clinics conducted by state hospitals but of those under auspices of medical schools, psychopathic hospitals, and by central departments of state governments. These studies serve to point up both the difficulties and the encouraging aspects of clinic work in this still highly experimental field.

The third section of the book deals with Principles for Future Programs. In the author's opinion, the basic need is clearer definition of the clinic's function by the administrative authorities. Aims set in the past have been in general, of three types: (1) reduction of admissions to institutions; (2) prevention of the development of psychosis and crime; (3) psychiatric assistance to children who need and desire it without regard to potential later developments. The first goal is possibly being met in a limited degree by the present clinic work with the feeble-minded and neurological patients, though it would appear that the recommendations are all too frequently for custodial care. A more intensive effort at reduction of admissions would entail a much greater educational and therapeutic effort with much greater demands on community resources and tolerance. The desires of the family would have to be considered much more; the desires of various local authorities overruled or modified. Various modifications in the present state hospital clinics are suggested that might better equip them for this work. This is the field in which they could probably operate at best advantage, and the tentative suggestion is advanced that perhaps they might confine their work to this type of service.

The second aim—prevention of psychosis and crime is held to be untenable as a primary objective. It is questionable whether such children can be identified unless they have already progressed to the early stages of such a reaction. The development of this argument cannot be considered here in detail but it should prove provocative.

The modern child guidance approach is offered as the best method for the achievement of the third aim in these nonurban areas. An extremely clear and informative discussion of child guidance is presented. Child psychiatry developing out of non-freudian adult psychiatry is contrasted with the psychoanalytic method. Both systems are in sharp contrast to child guidance in the rôle assigned to parents in treatment situations and in the degree and fashion in which case work is used. Sources of conflict are discussed which may arise out of such differences if the training of the staff members has been heavily and variously influenced by these different systems of therapy. This should prove to be one of the most helpful chapters in the book to clinic staffs working with children, or with adults.

The final chapter deals with the planning of an effective psychiatric service for small communities. Many questions may be cleared if the function of the clinic is clearly defined. This holds for structure, personnel, policy, services, relationships to the public. The obvious need is expressed for an adequately trained staff to work with children, parents, and with the local aides. Suggestions are offered regarding a better adaption of traveling clinics to the rural field. There is need for more careful selection of the auspices under which clinics are opened in order to insure their acceptance and use. Clinics should not be opened prematurely in areas, for instance, where necessary improvements in the environmental situation of the patient cannot be met or when the professional public lacks adequate understanding of how to use the kind of help the clinic can offer.

This excellent book contains a wealth of sound helpful information presented in an objective and scholarly fashion. It is recommended particularly to psychiatrists engaged in clinic work, to social workers, and to the lay public interested in advancing the welfare of children.

WILLIAM H. DUNN (NEW YORK)

LOGICAL ASPECTS OF EDUCATIONAL MEASUREMENT. By B. Othanel Smith. New York: Columbia University Press, 1938. 165 pp.

An interesting statement of the special problems of this specialized educational field, an adequate and thoughtful account is given of the foundation and the development of the science of measurement. The focus of attention is on mathematical

logic as it relates to appropriate materials and methods of study. The author works hard to add a sense of 'self' to behavioristic psychology, and the drama of the book consists of the reader's discovery that tests involve people, people who might have feelings. In considering the trends in quantitative versus qualitative testing, the author cautiously takes sides, in the vexing question as to whether behavior is to be viewed as a unitary process or as an aggregate of elements. He thus concerns himself with a problem which is gaining increasing recognition by educational psychologists—the effect on test results of 'phenomena usually classified as mental'. His frank inquiry leads him to suggest that because tests do not as yet reflect the manifestations of these phenomena, the 'validity of our instruments is seriously in question'.

The style, unfortunately, has the flavor of a Ph.D thesis. The text is cluttered with exaggerated acknowledgments to various authorities and is unnecessarily repetitious. And in spite of the author's humanizing conclusions, the book remains a far better reference on the discipline of mathematics than on the human beings whose behavior is in question.

ELIZABETH H. ROSS (PHILADELPHIA)

PSYCHOLOGY APPLIED TO TEACHING AND LEARNING. By Coleman H. Griffith. New York: Farrar & Rinehart, Inc., 1939. 650 pp.

The review of this book can be brief. In its 650 pages it contains the contributions of descriptive and experimental psychology to the processes of learning and teaching. Seen from this point of view it is an industrious, well ordered book, but it contributes nothing new.

From the beginning to the end it is imbued with J. B. Watson's behaviorism. Throughout the emphasis is placed on training; proper training in sex matters prevents the conflicts of adolescents. Thorough knowledge of the mental and emotional growth of the individual is strongly advocated; however, the discussion dealing with these problems creates the impression that growth is something exactly measurable and that we are easily able to determine a psychic diet fulfilling the requirements for a proper intellectual and emotional development. In the chapter on personality and problems of adjustment a short paragraph is devoted to 'detours in adjustment'. Compensation, repression and negativism are briefly



discussed, while projection and rationalization are dealt with under the heading: Miscellaneous Detours. No further use is made of psychoanalytical concepts.

In this QUARTERLY (Vol. VIII, No. 1) Caroline B. Zachry writes: 'On the basis of their observations of classroom behavior, educators are dissatisfied with the explanation offered by educational psychology and they are turning to psychoanalysis'.

Some are, and some aren't.

FRITZ MOELLENHOFF (PEORIA, ILL.)

THE PSYCHOLOGICAL ASPECTS OF PEDIATRIC PRACTICE. By Benjamin Spock, M.D., and Mabel Huschka, M.D. New York State Committee on Mental Hygiene, 1939. 51 pp.

In a chapter of some fifty pages, reprinted from the Practitioners' Library of Medicine and Surgery, Volume XIII, pp. 758-808, the writers have set out to call to the attention of pediatricians some of their responsibilities regarding the mental hygiene problems of early life. Neurosis they are told is largely the full blown outcome of seemingly slight deviations from normal functioning which may occur in the beginning of life.

In this brief work the authors touch on such problems as early feeding methods, weaning, thumb sucking, nail biting, toilet training, psychogenic vomiting, speech disorders, constipation, enuresis, anxiety, temper tantrums, discipline and spoiling, sibling jealousy, masturbation, sex education, the œdipus complex, castration fear, phobias, tics, hysteria, compulsions, asocial behavior, school problems and the handling of medical and surgical problems. With such an array of subjects they can do little more than point out that these problems exist and perhaps stimulate interest in becoming better acquainted with them.

Particular emphasis is given to the fact that the majority of behavior difficulties arise in the child as reactions to emotionally disturbed parents. The general attitude to be encouraged is one of leniency in matters of training. Basic factors of early instinctual organization and control are not made clear, however.

Perhaps the most important points brought out are that seeming naughtiness is usually a manifestation of anxiety, and that masturbation, when it becomes excessive, is frequently due to lack of love or some serious privation.

MARGARET A. RIBBLE (NEW YORK)

## ABSTRACTS

Some Peculiar Manifestations of Memory with Special Reference to Lightning Calculators. A. A. Brill. *J. of Nerv. and Ment. Dis.*, XC, 1940, pp. 709-725.

The case is presented of a six-year-old boy who suddenly acquired the faculty of adding instantaneously long columns of numbers of four to six digits. The correctness of his answers was all the more astonishing because the subject knew only the written number three at the time and had never had any schooling. No other talent was noted in the child; his other intellectual performances were average or even lower than average. The boy's talent in adding disappeared completely at the age of nine or ten, and when the author reexamined the subject at the age of twenty-eight, he concluded that the subject was 'a well adjusted person of the mixed schizoid-syntonic type and personality' without any outstanding characteristics. After discussing the literature on mathematical prodigies, the author presents his own explanation of the phenomenon which, he believes, is a manifestation of phylogenic memory. Hering, Bleuler, Simon and Freud's last contribution on racial memory are quoted. Ontogenetic factors such as fixation to the anal-sadistic organization of libido, loss of beloved relatives and others are evaluated in the case he reports and in some historical cases such as that of Blaise Pascal.

The author evaluates this talent of the child not as an asset but as a serious obstacle in the child's development. He concludes that 'like the neurotic who is seriously handicapped in his adjustment to life because he has to cope with a fragment of his infantile sexuality in adult life, the infant prodigy is even more afflicted because for some as yet unknown reasons he has to cope with a fragment' of his phylogeny.

K. R. EISSLER

Homesickness and the Mother's Breast. Editha Sterba. *The Psychiatric Quarterly*, XIV, No. 4, 1940.

The author shows, in an interesting analysis, the meaning of homesickness to a girl of five years. After being settled in a new home and country for several months the child suddenly began to long for the estate of her grandmother where at the age of four she had found consolation for the frustration attendant upon the birth of a little sister. The grandmother and a friendly dairymaid had helped her to get over the disappointment of having to share mother's love with the new baby. Her jealousy was particularly aroused by the mother's nursing the baby. A cow which 'had four nipples and belonged all to herself' was accepted as a satisfactory substitute. What appeared to be homesickness proved to be a longing for the mother's breast. In fantasies which the child dictates to her mother, 'fear of starvation, the anxiety that her mother will no longer be in a position to maintain and feed her child' appear as her most important problem. In these fantasies, jealousy and death wishes against her

siblings are also expressed: The mother-bird 'had eleven little ones that had all been eaten up by a cat, except the eleventh . . . and so she thought, "It is a good thing the children are dead . . . now perhaps I shall be able to feed the one that is left." . . . The next day the child said to its mother . . . "I haven't enough to eat. . . . I must go away."' This fantasy reveals the familiar relation between aggression and fear. The little girl who obviously has a strong oral fixation to the mother's breast wants to get rid of her siblings because she does not want to share her food with them; she wants to let them starve. She is afraid that she will starve. Fear that the mother may no longer be in a position to feed her is rather a fear that mother, whose babies she wants to destroy, will not want to feed her as a punishment for her wickedness. The author says these fantasies occurred at the peak of the child's nostalgia.

We know that children at times react with anxiety to any change of living quarters even when their parents feel perfectly secure and at ease about it. They are even more likely to be disturbed when the parents feel uncertain and fearful themselves.

Further experience will show whether general conclusions can be drawn from this case.

EDITH BUXBAUM

**Studies in the Interpretation of Play: I. Clinical Observation of Play Disruption in Young Children.** Erik Homburger Erikson. Institute of Human Relations and School of Medicine, Yale University, New Haven. *Genetic Psychology Monographs*, XXII, 1940, pp. 557-671.

This monograph reviews specimens of a psychotherapist's experience. Observations of the first play enacted by young patients in the therapist's office are described in detail. What are the outstanding attributes of observation of play and what conscious considerations lead to the 'meaning' on which diagnostic decisions are based? In the introduction it is emphasized that little attention to the analysis of play was given by Freud who gave so much consideration to dreams, slips of the tongue and wit. The English school of thought is criticized and with reference to Melanie Klein: 'The author of this paper cannot at the present time overcome a suspicion as to the final adaptation of the child cured by this method to any environment except that which cultivates a special type of psychoanalytic outlook.' Melanie Klein's interpretations are called 'fairy tales stripped of all artistry'.

The clinical descriptions are model examples of clinical observation, and concern 'a six-year-old boy's secret; a neurotic episode in a girl of three; orality in a boy of four; and destruction and restitution in an "epileptic" boy of four'. The psychoanalytic attributes of this material are on the whole the mechanisms of resistance, transference and regression. They appear in the interplay of social, verbal, spatial, and bodily forms of expression. It is in the metaphoric and symbolical use of toys that all these defenses are first caught off guard by the observer. In the microsphere of play the child does what it does not dare to do in reality.

MARTIN GROTTJAHN

The Chronically Aggressive Child. Gerald H. Pearson. *Psa. Rev.*, XXVI, No. 4, 1939.

In this paper the author attempts to discover the reasons for chronic aggression in children. The most interesting section is a report of the clinical observations in his research to discover how early the defense mechanisms against aggression are active. To this purpose a 'group of sixty-four children, thirty-six boys and twenty-eight girls whose ages ranged between two and four years, were observed at Temple University Nursery School for a period of nine to eighteen months'.

Pearson comes to the conclusion that there are twenty different types of psychic defense against aggressive impulses: *withdrawal* from a social situation; *inability to hear*; *denial*, verbal or by gesture; *secretiveness*; *distortion*, by doing something which had been approved in one situation, in another where the act was one of veiled defiance; *confusion of thought*; *confusion of speech*; *promises* not to repeat the act in order to avoid punishment; *rationalization* by giving absurd reasons why they do or do not do certain things; *inhibition* (a) out of fear of retaliation, (b) inhibition of a substitute activity to which the aggressive impulse had been displaced. *Reaction-formation*; *displacement*; *regression*; *the use of bodily organs* to prevent expression of aggressive impulses; *guilt* often evident in the facial expression; *restitution through punishment* by which some children permit themselves to express an aggressive impulse by making restitution through suffering direct punishment, disapproval from adults, or the direct punishment of self-denial; *change of direction*; *identification* (a) with a permitting adult, (b) with a prohibiting adult, (c) with a permitting adult against the prohibiting one, (d) projection of the instinctual desires onto an object who is then punished (in fantasy), (e) identification with the effect of the aggressive impulse on the object. *Projection of the aggressive impulse* (a) on to inanimate objects, (b) to a part of the body, (c) to another child. This takes place in several steps: (1) the aggressive impulse has to be regarded as not part of the self, (2) the next step is to urge another child to do the aggressive act; (3) the child denies that he has any aggressive impulses—some other specific child has it or has the impulse to do it; (4) the aggressive impulse may be projected to an adult. The impulse may also be projected (5) to an adult; then the adult's criticism may be introjected and reprojected to the adult; (6) an active impulse may be projected in a passive form to the object of his aggression: 'One boy said he bit another child because the latter wished to be bitten'. (7) The most effective form of projection is the phobia. A boy who had a great deal of trouble with his impulse to bite developed a phobia of dogs, biting animals. *Aggression itself* may serve as a defense against aggressive impulses.

One cannot help but wonder by what methods Pearson reached an understanding of the unconscious intention behind the acts he describes since presumably there was no opportunity to analyze the children.

Aside from confirming that defenses occur, and classifying the various types of aggression displayed by children between the ages of two and four in a rather unsystematic classification, Pearson has not solved the question he set out to answer: how early defense mechanisms against aggression are active. It would seem probable that the various mechanisms appear at different stages in the child's development; also, the types of defenses used must in some way be



related to the nature and motive for a particular aggressive act. One might expect that a type of defense (or lack of it) would become chronic, depending on the frequency of the need for the aggressive act, and on the response of the environment to it. Pearson stresses the importance of these factors individually, but not their interdependence, in causing a child to become chronically aggressive. He finds that certain individuals prefer certain methods of defense, and that these defenses may be classified into those that are personally useful and those that are a hindrance to an adequate social or sexual life. It is a child whose defenses remain inadequate to handle a situation who becomes chronically aggressive.

Pearson comes to the conclusion that the causes of chronic aggressive reaction are (1) Congenital endowment with more than the average degree of aggressive drive. (He tries to correlate his observations with Freud's theory of a primary death instinct and seems not to distinguish between activity and aggression.) (2) Brain lesions which disturb the cortical control over the expression of aggressive impulses. (3) Preëxistent guilt feelings. 'Mild forms of chronic aggression, naughtiness and mischievousness, may result from the attempt of a child with a feeling of guilt to obtain punishment.' (4) Total or partial rejection of the child by his parents. (5) 'Active aggression as a defense against passive aggressive desires' which probably means against 'masochistic desires'.

The fate which awaits the chronically aggressive child is not an attractive one. 'The individual tries to curb his hostility because of the painfulness of the hostile environments.' The child reacts either by erecting obsessional defense mechanisms or a paranoid reaction may replace the chronic aggressive one; or the chronic aggression may be partially erotized resulting in the perversion of sadism. A fourth possibility is that the chronic aggressive reaction continues unchecked internally and the individual places the whole responsibility of the problem on the social organization.

A discussion of the treatment of the chronically aggressive child concludes the paper. The author finds many difficulties and dangers in successful treatment, the main aim of which is the removal of fear and anxiety which interferes with a child's capacity to love. He approves of Aichhorn's well-known procedure with difficult cases. 'The child whose chronic aggressive reactions is partly the result of high degree of endowment with the aggressive drive or with hyperactivity and the child whose aggressive reactions have been liberated by cortical disease or injury present particular types of community problems.'

The first type needs ample play space and opportunity to use his muscles. He needs more scope for his activity than the ordinary child. In the case of brain disease or injury, no therapy will ameliorate the brain pathology, and an environment must be selected which will tolerate marked aggressive impulses. Pearson concludes with a few suggestions for prophylaxis which may be helpful in preventing the development of the chronic aggressive reaction.

MARJORIE R. LEONARD

Notes on the Mother Rôle in the Family Group. Frieda Fromm-Reichmann. Bulletin of the Menninger Clinic, IV, No. 5, 1940.

The author contrasts what she considers the family situation in Europe with that in America. In the former the father is said to have greater authority,



whereas in America the mother often has greater authority and tends to dominate.

According to this premise fundamentals of childhood development are reviewed with emphasis on the effect of authority. The author feels that in the case of the boy the erotic attraction to the mother who is in authority reinforces guilt feelings, a tendency to suppress emotion, and leads to feelings of insecurity and unsteadiness. The problem of sexual attraction to the parent of the opposite sex is much less important if the child feels generally secure in the love of his parents. 'The more the little boy feels that he can count on his mother's steady maternal acceptance, no matter what happens and no matter who else is around, the less intense and compulsive is his craving for other proofs of mother's love in the form of sexual wishes and phantasies with regard to her.'

Fromm-Reichmann discusses then the question 'to what extent is the mother's psychological rôle determined by maternal instincts and drives?' She feels that psychoanalysis 'has not yet dealt adequately with this problem', and that Freud's hypothesis stressing the feminine wish for a penis was the result of his 'patriarchal European tradition, culture and thinking'. The author feels that 'neurotic girls may regard menstruation as a repetition of the passive castration phantasies of their childhood. Depressive moods during menstruation in emotionally healthy girls are usually due to disappointment over the egg that leaves the body unimpregnated, not due to the memory-phantasy of a lost penis.' Her general conclusion is that this is an as yet unsolved problem.

The remainder of the paper is devoted to a discussion of 'the ideal, desirable functions and rôle of the mother in the modern family group', and in this section she cites some material to illustrate the dangerous influence of the undesirable domineering mother. She points out the difference between a real maternal love and a pseudo one expressed in the form of hypertenderness or oversolicitude. She recommends that the mother face her own problems, particularly problems of hostility which might involve the child. Furthermore, she recommends that the mother face frankly the fact of her own sexual feelings for the child when they occur.

CHARLES W. TIDD

*The Problem of the Parent in Child Analysis.* Agnes Bruce Greig. *Psychiatry*, III, No. 4, 1940.

In child analysis it is generally accepted that there is a strong conflict between the parent and the analyst, and that the analyst has the whole weight of the parent's anxiety and jealousy against him. This may cause difficulty due to an unresolved infantile anxiety which the parent-child situation revives in the analyst and which may be analyzed as the unresolved fear of the terrifying and omnipotent adult.

MARTIN GROTJAHN

*Considerations of Methodology in Relation to the Psychology of Small Children.* Jeanne Lampl-de Groot. *Int. J. Psa.*, XX, 1939, pp. 408-417.

Lampl-de Groot makes the criticism that sometimes two phenomena which are connected with each other genetically, are in analytic literature looked upon as identical. Pregenital conflicts which are reflected in the later specific *œdipus*

complex, are not yet an oedipus complex. A little boy, who at the age of two loved his mother in a passive-receptive way and behaved like a little girl, at the age of four turned into a little man who hated his father as his rival; only then was it justifiable to call it an oedipus complex. Lampl-de Groot warns against other 'adulto-morphisms'. Terms which imply differentiated states in later ages are sometimes reprojected and used for integrated early states. 'Superego' and 'projectedly misunderstood object' are not the same. Psychotics have regressed but that does not mean that infants are psychotics. Some analytic authors, it seems to Lampl-de Groot, did not understand the differentiation in development, but she thinks it justified to state of such authors: 'Just as preanalytic psychology denied that there was such a thing as the unconscious, so do they deny that there is such a thing as the dynamic development of the personality under the influence of external forces'.

OTTO FENICHEL

**Temper Tantrums in Early Childhood in Their Relation to Internal Objects.** Susan Isaacs. *Int. J. Ps.*, XXI, 1940, pp. 280-293.

In her introductory remarks, Miss Isaacs calls the temper tantrums of children 'manifestations of acute anxiety'. 'The child feels he is up against some force which he cannot control or alter, a person who will defeat all his wishes, rob him of all pleasure, restrict all his movements and reduce him to complete helplessness.' The decisive rôle in this respect is played by 'internal objects' according to Melanie Klein. The child 'is fighting a phantasy mother, rather than the real one with whom he actually struggles'. The analysis shows that this 'phantasy mother' is thought of as being in the child's interior. It is, according to Isaacs, the interest for the dangers inside the body which explains to us that the child in the temper tantrum does not pay attention to outer reality at all.

This conception is illustrated with two case histories, one of a child and one of an adult. The child developed temper tantrums after severe real traumata—loss of a loved nurse and the birth of a sibling—and Miss Isaacs is of the opinion that the tantrums were determined by fantasies of being persecuted by internal objects which fantasies were mobilized by the real events. The adult patient had, as a child, observed epileptic spells of his mother. Unconsciously he not only thought that those spells were due to his own sadism, but they also are said to be felt by him as a proof of the effectiveness of his dreadful fantasies about internal objects.

Miss Isaacs summarizes her standpoint as follows: 'The child's screaming, struggling and rigidity in the tantrum represent his attacking and being attacked by his enemies within and without, against whom he must call up every resource of body and mind, since his life depends upon his getting them once again under his control.'

OTTO FENICHEL

**A Special Mechanism in a Schizoid Boy.** Susan Isaacs. *Int. J. Ps.*, XX, 1939, pp. 333-339.

The 'special mechanism' Isaacs describes in a schizoid boy, is the acting out of metaphors, comparable to the translation of metaphors and idioms into pictures

in dreams. This phenomenon occurs when a verbal expression secondarily becomes again the object of the primary process. This occurs in dreams as well as in schizophrenia when attempts at restitution catch verbal representations of objects instead of the objects themselves.

When the patient who unconsciously hates his grandmother, but at the same time has tender feelings towards her, expresses his ambivalence in attempts to throw a cat with a parachute out of the window, such behavior seems to the reviewer indeed not only an acting out of the idioms of 'throwing her out' and 'letting her down gently', but also, without metaphors, the expression of the conflict between the impulses to kill her and to spare her.

Especially interesting are some acts of magical behavior of the patient such as certain motions of the fingers, the unconscious meaning of which is, 'the other people are only my puppets'. This warded off the feeling that he himself is the other people's puppet. Other magical behavior patterns of the patient are less clear and are interpreted by the author according to Melanie Klein's points of view.

OTTO FENICHEL

**Behavior Characteristics of Schizophrenic Children.** Charles Bradley and Margaret Bowen. *The Psychiatric Quarterly*, XV, 1941, pp. 296-315.

The authors attempt to clarify the diagnosis of schizophrenia in childhood by comparing the behavior of four schizophrenic and ten schizoid patients with the behavior of 124 miscellaneous problem children. They find that the schizoid and schizophrenic group is characterized by eight behavior traits which were seldom prominent among the other children. In the order of importance these traits are: seclusiveness, bizarre behavior, regressive nature of personal interests, sensitivity to criticism, irritability, daydreaming, diminution of interests and physical inactivity. No history material is given on any case, the entire emphasis being on the patient's behavior while in a psychiatric hospital. The case material is so scanty that it leaves the diagnosis open to question in several instances and the paper is written from a purely descriptive point of view.

ADRIAN H. VAN DER VEER

**A Comparative Study of Thinking in Schizophrenic Children and in Children of Preschool Age.** Louise Despert. *Amer. J. of Psychiatry*, XCVII, 1940, pp. 189-213.

The author reports experimental observations of nineteen normal preschool children in their spontaneous expression of fantasy in play, compared with the productions of schizophrenic children, two girls of eight, and one girl of thirteen. This comparison is meant to answer the question whether schizophrenic thinking represents a reversal to earlier levels of development in child thinking. The author's answer to this question is negative. Normal children usually react to questions regarding their fantasies with denials of their reality character, calling them pretense or make-believe. In a smaller proportion they answer with evasion; still less frequently with reiteration and apparent belief in the reality character of their productions. In the last group, the fantasies

are emotionally reinforced. One of these emotionally tense children is immature and unsatisfactory in social adjustment. Schizophrenics rebel against the questioning physician with denials of reality, assumptions of magic power in the sense of wish fulfilment or anxious expectation of being overpowered, paranoid projection, incoherence and inadequacy of emotion and content; reality value is attributed to hallucinations and delusional falsifications of reality. From this comparison the author draws the conclusion that those fantasy productions of normal children 'which most closely resemble those found in the schizophrenic are dependent upon emotional factors and not upon characteristics inherent in child thinking'.

The psychoanalyst may add that the child's play, like the thinking processes of the adult, represents a testing out approach to reality, libido being shifted from desirable objects of fantasy to reality objects. Emotional strain may inhibit this progressive conquest of reality and cause the child in a regressive way to stick more or less tenaciously to the products of his fantasy. The schizophrenic children of this study are obviously in a state of emotional upheaval and open rebellion against their environment and against reality. The difference seems to lie not so much in the thinking processes as in the emotional attitude towards them. The schizophrenic child clings with emotional emphasis to fantasy objects that the normal child handles playfully. For the schizophrenic child the fantasy object substitutes the denied and rejected reality object that the normal child reaches out for.

E. WEIGERT-VOWINCKEL

**Observations on Sioux Education.** Erik Homburger Erikson. *The J. of Psychology*, VII, 1939, pp. 101-156.

The Sioux Indians were buffalo hunters accustomed to an abundance of game which became a legend overnight. They then became dependent upon a feeding Government. When the buffalo died, the Sioux died. They found themselves as helpless in their situation as children are in the hands of frustrating parents with whom they refuse to identify themselves. They continue to dream their dreams of restoration. The idea of storage is strange to them and money distasteful. The white teachers complain 'the Indian parents not only allow their children to masturbate, they teach them to masturbate'. And this is answered by the Indians 'the whites not only let their babies cry, but they teach them to cry'. This signifies the correspondence between prejudices and group virtues.

The white teacher has never really been accepted by the Indians and does not represent in any way the parents' philosophy for their children. Indian children may live for years without open rebellion or any sign of inner conflict between two standards which are further apart than are those of any two generations or two classes in our culture. They may show passive resistance; they do not show neurotic tension or 'bad conscience'. Every Indian child has the right to call all sisters of his mother 'mother' and all brothers of his father 'father'. When he feels frustrated in his family he just takes a leave of absence. The basic psychological problem of Indian education by whites is the strange inner security and inner personal harmony of the Indian who submits but does



not surrender. The sudden change from the strict Indian family into the freer atmosphere of the American boarding house results often in sexual delinquency of the Indian girl.

The Indian baby is nursed whenever he wants to and the father is not allowed to interfere with the baby's privilege. If the child is nursed for three to five years no sexual intercourse between the parents takes place. There is no systematic weaning and it is probable that the child finally succeeds in weaning its mother. The only thing which the mother resents is being bitten by the baby. Indian parents seldom threaten their children, and then mostly with the same formula: 'The white man will come and get you.'

Bowel and bladder training the Indian children are allowed to acquire by themselves in gradual compliance with the rules of modesty. Strict sexual taboos are introduced when the sixth year is reached. Brothers and sisters are then no longer allowed to speak to one another and girls are confined to play with girls. A dangerous increase of ambivalence is avoided because there are many mothers and many fathers in the Indian family.

Contrary to the educational system of white men who allow their children only after mechanical socialization to develop into individualists, the Indian child is allowed to be an individualist while quite young. This anachronistic system of child training is the source of inner peace under desperate communal conditions.

MARTIN GROTJAHN

Excerpts from a Mental Hygienic Reader. Stella Coffman and Douglas W. Orr. Bulletin of the Menninger Clinic, IV, No. 1, 1940.

The authors give a detailed account of the procedure in an experimental hygiene class for children between the ages of seven and fifteen. A set-up was established in which the children as a class were encouraged to discuss various elements of individual behavior. The authors feel that such open discussion makes children feel more secure. 'In discussing some of the mechanisms of behavior the child learns to understand himself and others better'; furthermore, the authors hold that when such opinions are 'freely expressed in the presence of an understanding and sympathetic adult they have a therapeutic value in relieving a child's sense of guilt and in helping him to lose his fear of adults'.

CHARLES W. TIDD

Behavior Problems in Children from the Homes of Followers of Father Divine. Lauretta Bender and M. A. Spalding. J. of Nerv. and Ment. Dis., XCI, 1940, pp. 460-472.

Histories of seven children, aged five to twelve, are presented. The children's symptoms of neurosis and delinquency are described in relationship to the parents' adherence to Father Divine's religion. Since the tenets of this religion make a normal family life impossible, the result of the parents' adherence to it is a peculiar home situation which provides a unique opportunity for studying the relation between home and maladjustment of children.

E. R. HISSLER



**Behavior Problems in Negro Children.** Lauretta Bender. *Psychiatry*, II, 1939, pp. 213-228.

Economic and social conditions rather than racial difference account for deviations in the behavior of negro children as compared to whites in the same community. Specific reaction patterns seem to occur in the negro child in the form of blocking, mutism, catalepsy and negativism and a facile capacity to fall asleep. A combination of warm interhuman relationships and poorly crystallized family constellations accounts for some of their behavior problems.

GÉZA RÓHEIM

**Study of Environmental Factors in the Adiposo-Genital Syndrome in Boys.** Arnoldo Rascovsky, J. Salzman, and collaborators. *Archivos Argentinos de Pediatría*, año XI, tomo XIV, No. 6, p. 521.

The authors make a detailed study of all factors involved in the prepuberal adiposo-genital syndrome in boys. The first two communications deal with environmental factors. The following investigations were made in each case:

1. Environmental and geneologic history.
2. Psychological investigation.
3. Rorschach psychogram and other mental tests.
4. General somatic examination.
5. Photographic study.
6. X-ray study (hand, sella turcica).
7. Dento-Maxilo-Facial examination.
8. Phoniatic examination.
9. Ophthalmologic examination.
10. Laboratory tests.

The authors analyze especially the position of the patients within the family constellation and find that each of these boys is either an only son, an eldest son, or a youngest son. These three groups include 99 of 100 cases. The exception had a homosexual relation with his elder brother and became sick after this relation had been interrupted.

All cases showed a high degree of family fixation—strong affections from the parents, and very few relations outside of the family. Their sexuality was hyperstimulated, but at the same time deprived of any adequate discharge. Often there were conspicuous pregenital, especially oral fixations; anal fixations also often were obvious, whereas genitality was repressed. The personalities of the parents or their relationship to each other had often pathological trends; especially the father lacked those prerequisites which are necessary for the son's development of a normal superego; often the parents' marriage was an unhappy one.

Interesting is the reference to a histological analogue of the Freudian conception of the latency period. Ancel and Foncin have demonstrated that the testicular evolution in boys has two marked periods, the one extending from the intrauterine state up to the age of about five and a half, the second beginning with puberty. In both periods there are gonocytes and vegetative cells in the seminiferous ducts, and Leydig's cells in the intersticium. At the age of

five and a half, the testicle suffers an involution in which Leydig's cells, gonocytes and vegetative cells disappear, giving place to spermatogenic cells and Sertoli cells.

ANGEL GARMA

Remarks on the Popularity of Mickey Mouse. Fritz Moellenhoff. American Imago, I, No. 3, 1940.

For children the Mickey Mouse films contain the gratification of presenting a daydream playfully substituted by a series of pictures in which smallness is victorious. The adult onlooker demonstrates an unusually uninhibited process of identification. Mickey Mouse is ill adapted to physical expressions of love. He represents a lively though neutral sex. The conscious or unconscious jealousy for the person with whom we try to identify does not enter in the case of Mickey Mouse. The films represent a child's world of visions and fantasies and they unfold a mechanized fairy tale. They resolutely follow the pleasure principle. Mickey Mouse is a happy child and the satisfaction of his desire is still his supreme law. A unique magic restoration regularly takes place. Reality and fantasy are no longer opposed. The laws of gravity and logic are denied. Very important is the feature of all Mickey Mouse films that they ridicule the machine age. Symbolically Mickey Mouse could be called a desexualized phallus. The audience feels that, and although Mickey remains a mouse and a phallus he does not stir up wishes which have to be suppressed; consequently he does not arouse anxiety.

MARTIN GROTJAHN

## NOTES

The third meeting of the CALIFORNIAN PSYCHOANALYSTS was held in Los Angeles in March, 1941. The following papers were presented: Short Psychoanalytic Psychotherapy, Its Possibilities and Its Limitations by Dr. Berliner; A Specific Revenge Type of the Female Castration Complex by Mrs. Munk; About the Fascinating Effect of the Narcissistic Personality by Mrs. Olden; The Ego Defenses in Certain Organic Neuroses by Dr. Kasanin; A Comparative Study of the Rôle of Superego in Organic Disease, Psychosis and Neurotic Criminality by Dr. Simmel; Some Comments on Convulsive Phenomena by Dr. Macfarlane; Symposium: The Relation of the Ego Attitudes to the Instincts.

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Family Morale in a World at War is the general theme of the CHILD STUDY ASSOCIATION OF AMERICA's Annual Institute, November 14th and 15th, at the Hotel Commodore, New York City. The Institute will discuss such aspects of the topic as The Home Front and the Defense Program, Children in a Threatened World, Family Morale and American Unity, and Youth Attitudes Towards the World Crisis. The following are some who have already agreed to take part in the Institute: General Lewis B. Hershey, Governor Paul V. McNutt, Dr. Martha Eliot of the Children's Bureau, Dr. James Plant, Lawrence K. Frank, W. Carson Ryan, Mark A. McCloskey and Eduard C. Lindeman. The complete program will be announced in the early fall. Further details may be obtained from the Child Study Association, 221 West 57th Street, New York City.

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THE BOARD OF EDUCATION OF THE CITY OF NEW YORK announces a Decennial Celebration to be given by the Bureau of Child Guidance at the Waldorf-Astoria Hotel, New York City, on October 18, 1941. The panel on the General Field of Guidance will be led by Dr. Frank J. O'Brien, former Director of the Bureau and recently appointed Associate Superintendent of Schools. Dr. Eugene C. Ciccarelli, Psychiatrist, with Dr. Morris Krugman, Chief Psychologist, and others will conduct a symposium on Learning Difficulties. Miss Shirley Leonard, Chief Psychiatric Social Worker, will lead a panel on the Adolescent; Dr. Emanuel Klein on the Problem Child; Mr. Samuel Goldberg on the Exceptional Child; Dr. Max Winsor on the Young Delinquent.

# CRITICAL ANALYSIS OF THE ELEMENTS OF PSYCHIC FUNCTIONS

## Part I

BY CARL M. HEROLD (NEW YORK)

### CHAPTER I

In the 'heroic' phase of psychoanalysis when the discovery of new facts was at its peak, descriptions and formulations were obtained by facile adaptation of terms and concepts borrowed from various, sometimes very distant fields. In his paper, *On Narcissism: An Introduction* (1914), Freud defended this laxity of strict logical definition. Rejecting a logical clarification of the concepts he was using, he preferred a not very circumscribed, even vague presentation of his observations. He left, without regret, the logical fundamentals to speculation, hoping that the development of psychoanalytic science would lead to further factual clarification of his concepts. He held to the belief that honest observation of facts is preferable to a well-rounded speculative theory which is not the foundation, but the superstructure of a science, easily removable and replaceable by another.

We still believe that the observation of facts is the most important factor in building a science, considering that it provides the material from which the structure of the science is erected. But in the concepts which we use in describing observed facts may lie the germ of new observations if our concepts are true representations of the facts. We cannot recognize things, if we are not intellectually prepared to look for them. But if there is something awry in the formulation of an observation, then in this formulation lies the germ of a subsequent misinterpretation of newly observed facts.

Without denying that some of the clarification of ideas which Freud expected from the development of psychoanalysis has been accomplished, parallel with the clarification of many

concepts runs an obscuration of some others. For example, in a meeting of a psychoanalytic society a short time ago, there was a very deplorable disagreement about a term which for all psychologists should be one of the clearest concepts: the ego. 'Ego', 'self', 'personality' were used in quite confused fashion.

There is perhaps the least confusion about the concept, superego. This is very interesting because a very similar concept, the categorical imperative, was the only thing which Immanuel Kant detected when he looked into his own personality. It seems easiest for us to conceive of ourselves as moral beings. Freud, whom one could least reproach for not having seen the less attractive side of human nature, defined the superego more clearly than many others of his concepts. Terms like id, narcissism, have comparatively loose definitions. The meaning of the cornerstone of all psychoanalytic thinking, the unconscious, is undeniably clear, but its definition is a negative one because it means all that is not permitted or able to become conscious. But how things become conscious is also not clearly defined, although it is very definite as far as it is empirically experienced. Many psychoanalytic terms are derived exclusively from empirical evidence. As long as its theoretical structure did not become too complicated, as long as it tried merely to cover the grossest fundamental facts, this empirical character of psychoanalytic terminology served its purpose very well. But beyond a certain point, the empirical evidence on which this terminology was based became more and more remote from the terms used. New meanings were injected into these empirical terms which were not originally in them. In a personal discussion with Freud, he expressed his astonishment that so many analysts use terms like id, ego, superego, as if they were real entities and not merely auxiliary representations.

It is time that critical attention be turned to that empirical evidence on which so many psychoanalytic and psychological terms are based. As Kant investigated the fundamental principles of reasoning to correct the misuse of reason, in a similar



critical manner the preconditions under which all psychological material is experienced and recognized should be investigated.<sup>1</sup>

In his Critique of Pure Reason, Kant discussed a point which pertains directly to our problem. Trying to understand how knowledge is possible in principle, he first undertook to discuss critically the foundations of intuition (*Anschauung*). In that part of his philosophy which he called Transcendental Aesthetics, he found that after eliminating from intuition all empirical content, there remained two qualities which could not be eliminated without making intuition altogether impossible. These two qualities were space and time.

Space and time remain after eliminating all empirical data conveyed to us by the empirical stimulation of our senses by empirical objects. Abstract from all empirical objects, all shape, color, temperature, sound—all the effects of sensibility—and there still remain space and time. Kant distinguished an external and internal intuition, and found that space is related to external, time to internal intuition. This means that man perceives himself in the form of time, and perceives external objects in the form of space.

There are philosophies which distrust the impressions of the senses, and therefore take the stand that the quality of reality which naïve reason attributes to the content of intuition is partly or altogether unjustifiable. This philosophical attitude is called 'idealism'. There are different schools of idealistic philosophy. Berkeley is the representative of one school which Kant called 'dogmatic idealism'. His reasoning, as Kant reviews it, may be summed up as follows: all that we note of objects is spatial; space is, by itself, impossible; therefore all objects are—like space—pure imagination.

It was easy for Kant to prove that this argument is false. His contention that space is not a property of objects, but a

<sup>1</sup> There are many investigations of psychologists and philosophers which are deserving of being quoted here, but they lack, in general, relevance to psycho-analytic observations and methods, and as this paper is addressed chiefly to psychoanalysts, a review of the academic psychological schools would confuse rather than clarify.

form of intuition, is the cornerstone of his argument. If space were a property of things, dogmatic idealism would be unavoidable. Space, a nonentity, belonging to objects would prove the objects also to be nonentities. Space being a property of intuition, in other words, a subjective condition under which intuition of things functions, the status of space as a nonentity has no bearing whatsoever on objects which merely *appear* to be in space.

It was harder for Kant to deal with what he called 'problematical idealism' of Descartes. This great philosopher believed that dogmatic idealism which deprives all consciousness of reality could not be right because, he found, there is some content of consciousness which has an immediate quality of reality, lacking in all other contents of consciousness. That content is the experience of our own existence. The only empirical assertion which was of undoubted certainty and realism for Descartes was the sentence, 'I am'. This, he said, is the only immediate experience possible. Compared with the realism of the perception of one's own existence, the reality of all other perceptions becomes problematical.

Kant holds that problematical idealism is truly scientific in principle and stands as long as there is no further proof that we have real experience of external things as well, and not merely fancies of them. For this purpose it has to be proved that the subjective experience of the 'I am' is in itself only possible under the assumption of indubitable experience of objects.

Kant offers to prove the theorem that the simple consciousness of our own existence proves the existence of external objects in space. Because time is the form of the internal sense, of the intuition of one's self, it is to be concluded that one is conscious of his own existence as determined in time. Kant argues that all determination in regard to time presupposes the existence of something permanent in perception. This permanent something cannot be within us, he says, because our own temporal existence is itself determined by this permanent something. The determination of a thing by

something in itself cannot be logically accepted. The perception of this permanent something, therefore, must be possible only through a thing outside one's self, an external reality. The intuition of real things outside of self, as determined by space, is the condition of any determination in time, and therefore of becoming conscious of that which is exclusively determined by time (self).

This whole question boils down to the fact that the inner sense cannot work without the outer sense. The outer sense giving us a spatial intuition of objects thus making it possible for us to conceive intuitively of ourselves as being determined in time.

Kant distinguishes between consciousness of our own existence and determination of our own existence in time. Only the latter, he says, is made possible by immediate intuition of external things in space. For Kant the ego, or what he understood by Descartes' 'I am', is merely an accompanying element in all experience. In other words, the ego is merely the mental representation of the identity of the subject which experiences so many different objective things. This identity of the subject which accompanies all its experiences can be determined by time only.<sup>2</sup> It is the only unvaried factor in all our experiences and this invariability is, of course, a temporal quality. But in itself the fact that we are identical with ourselves in all our experiences adds nothing to our knowledge and is therefore no experience as Kant defines this term. We must not forget that Kant was speaking about pure reason, and that what he described as experience related only to the powers of reasoning. Of course, the fact that each person is identical with himself, that in all his experiences there is a subjective element which makes him speak of himself as 'I', is hardly deserving to be described as knowledge although it is a condition for acquiring knowledge. This 'I' is an objectified mental representation of that 'something permanent' in ourselves which is contained in every experience

<sup>2</sup> Cf. footnote <sup>9</sup>, p. 527.

we have. It is the objective, rational, and grammatical representation of the experiencing subject.

This 'subject' is an object in reference to our reasoning intelligence. But to our feeling experience it is something which is the core of our being. As far as we do not reflect upon ourselves as subjects, as far as we merely sense and feel our own existence as a reality given to our sensory apparatus, we become aware of ourselves in quite a different sense. That awareness of ourselves lacks the objective quality which adheres to the awareness of knowledgeable objects. It is an exquisitely subjective way of experiencing ourselves. This awareness of ourselves lies beyond the scope of subject-object relationships, for which reason it cannot furnish directly any intelligible knowledge, as knowledge in its proper sense is based on the object-subject relationship as a necessary condition. But it is not merely knowledge which can be a content of our awareness. The subjective way to become aware of ourselves leads to a sensation or, if one prefers, a 'feeling' of ourselves which constitutes the content of that kind of awareness. By finding out the principles of that subjective experience of ourselves we will perhaps be able to get a secondary or indirect knowledge of the fundamental principles of self-experience, thus opening the way to a theory of subjective awareness in general.

## CHAPTER II

As far as intuition is concerned, Kant is absolutely right in stating that our own existence which intuitively appears to us as determined in time, cannot derive its reality from something inside ourselves, but only from things outside of ourselves, that is, from external reality which appears to intuition as determined in space. And when Descartes states that the only absolutely certain existence which we experience is our own existence, compared with which the reality of other existences outside of ourselves is problematical, one could answer 'If a brick falls from a roof and hits you, you will not only be convinced of the reality of your own existence which

you experience immediately, but the reality of the brick's existence too will not remain problematical for you'.

Descartes might then defend himself by replying: 'It is true that something was proven to me; but the thing proven is merely that my body has the same problematical reality as the brick has, but not the fact that I get knowledge of the existence of the brick in the same way as I get knowledge of my own existence. You, Mr. Kant,' he would say, 'are trying to prove that only by the material existence of the thing outside of myself do I become aware of my existence. This certainly is not true, for I have only indirect knowledge of the brick as the cause of my pain. What I really experienced was merely pain, and not anything pertaining to the brick. My assumption that a brick must be real is only a conclusion which I draw from the fact that I felt pain.'

We come now to the very essence of the question of where the basis of the sense of reality lies. Obviously it does not lie in the field of intuition. The reality of the falling brick was based on the absolutely unintuitive sensation of pain. The connection between the pain and the external object which caused the pain was merely secondarily derived by means of intuition and reflection.

The immediate proof of reality must come from a different source and must lie there where Descartes suspected it to lie: inside of ourselves. But this immediate reality is not objective reality as conveyed to us by intuition. It must be another kind of perception which is the medium through which we become immediately aware of the reality of our own existence. This different kind of perception I propose to call pure sensibility. I call it pure, because its sensations are direct and immediate, and not mixed up with any of those elements of projection which lie in our faculty of intuition. In the example of the falling brick, I introduced the sensation of pain. In this example, the relation of pain to a pain-causing external object is predominant. But it is easy to find evidence that pain is not necessarily related to external objects. Pain, although real, is a subjective experience.



But now we will lay the question of pain aside and revert to Descartes and his thesis that the immediate consciousness of one's own existence is the basis of the sense of reality. Although he widened this thesis to the well-known '*cogito, ergo sum*', and doing so departed from the very core of his original concept, we still believe that he had found something which Schopenhauer elaborated much more clearly.

Schopenhauer argued that for all our intuition and reflection, we are not different in principle from any external object. As far as our own existence is intelligible to us, it is 'appearance', a mere representation of ourselves in our mind. But, he said, we have another small entrance by which we can approach the 'thing in itself', which forever hides behind the appearance of things. We ourselves, are not only objects for our intuition, but are able to experience ourselves directly and immediately. More simply stated, he believed that intuition is not the only way to experience ourselves. It is true, if we only look at ourselves, we merely appear to ourselves, and we cannot have a glimpse of what we are for, and in ourselves. But seeing is not the only possible means of self-experience; we can feel ourselves. Abandoning all intuition, all means of measuring ourselves in time and space, we still can get an unintelligible but very definite experience of what we are. What Schopenhauer felt in himself, by means of what I have called pure sensibility, or, if you wish, pure feeling, was the 'will to live'.

Schopenhauer contended that through this small entrance accessible to the inner self, we can recognize the will to live, as the direct manifestation of the 'thing in itself'. Being too intent on breaking the barriers which Kant indisputably erected between man's insatiable curiosity and the reality beyond his experience, Schopenhauer jumped too early to a conclusion. Had he not been too eager to look over the fence which Kant had erected, he would have become not the author of a philosophical system, but the founder of a critical psychology. Had he not abused this faculty of immediate experience limited to the 'self', had he not tried to recognize the

essence of the universe, he would not have created a lopsided and almost animistic theory of universe, but a sound and critical basis for a theory of psychic functions.

If we try to look into ourselves in the same way that Schopenhauer did, without his preoccupation for finding an explanation of the universe, we may see something quite different. Following our intention of finding out of what we become aware if we depend on pure sensibility exclusively, we have to eliminate everything which belongs to intuition, that is, all factors which can be subjected to measurement in time and space, all factors which are valid in reference to objects. The true content of our pure subjective sensations can only be identified by concepts which can be applied exclusively to the subject. The only concepts at our disposal which describe exclusively subjective experiences and which can never be ascribed to objects as their properties, are the sensations of pleasure and pain—or more accurately, pleasure and 'unpleasure' (*Lust und Unlust*) of which latter, pain is only the extreme of a gamut of unpleasant sensations. Pleasure and pain are the only contents of our sensations which are objectively not measurable, which cannot appear as properties of objects, but which in spite of their objective immensurability, are not vague but very clearly conscious. As pure subjective sensations they contain the exclusive elements which constitute the experience of being subject, of being ourselves, of 'having a self', so to speak. 'I have a self', is not quite correct. It is a relapse into the habit of intellect, to treat everything including self as an object. It is more correct to say, 'I am a self' because in the pure pleasure-pain experience we are conscious only of a subject. The most accurate expression of this experience is not a grammatically complete sentence but merely the word symbol 'I' with an index connoting the pleasurable or painful quality of this purely subjective experience: [I (pleasure)] or [I (pain)].

Thus we conclude that the self as the only purely subjective experience of our own existence is determined by pleasure and pain. These are the exclusively subjective sensations.

The pleasure principle is the principle of self.<sup>3</sup> Pleasure and pain are either experienced or they are not; they cannot be imagined.<sup>4</sup> The self is the point in our system of consciousness to which we apply all our experiences. It is the ultimate token of reality. Without the self, there is no experience. The pleasure principle by which we sense that we exist, being the only principle of self, is therefore the ultimate principle of psychology. For that reason, there cannot exist anything psychological beyond the pleasure principle. The death impulse which Freud believed to be dimly recognizable beyond the pleasure principle will later be explained quite differently as not deriving from our existing as subjects. It is characteristic that Freud had to apply biological rather than psychological thinking in order to make the death impulse plausible. The self and its pleasure principle are the ultimate concept of psychology.

### CHAPTER III

Up to this point we were chiefly concerned with definitions of the ego and the self. What we wish to investigate next is the relationship between ego and self.

It has been stated that the self can never become an object proper of perception. It is pure subject. It reveals itself to the conscious mind through the medium of sensations of pleasure and pain.

Of the ego, it may be said that it is not an immediate experience like that of the self, but a representation of the relationship of self to objects. In so far as it is a product of external experience, it is another external object. But it differs from all other objects in that it is intuitively perceived in the form of time, whereas the intuition of external objects takes place in the form of space. It stands between external reality and the self, having relationships with both. The rela-

<sup>3</sup> It is not a principle which can be applied like other principles. It is the principle of our own existence as subjects. Without pleasure or pain there can be no subject, no self.

<sup>4</sup> Hysterical pains are caused by imagination, but are real pains.

tionship to outside objects was covered by Kant's transcendental æsthetic. The relationships to the self are characterized by the subjective sensations of pleasure and pain which with necessity accompany the different objective experiences.

The ego, therefore, stands where Freud placed it: on the border between the subjective world of pleasure and pain, and the objective world of things.<sup>5</sup> These two worlds, the objective and the subjective, overlap to a certain extent. This overlapping is caused by the fact that our body which is the organ by which we become aware of pleasure and pain becomes for our perception under certain conditions, the object of our objective experiences also. The ego, therefore, is the common denominator for the correlation and corroboration of subjective and objective experiences. The functions of the ego result from the fact that the phenomenon ego occurs where subject and object come together.

The ego, being essentially knowledge, clearly cannot pre-exist, and must be developed as is the case with all knowledge. It is assumed that it starts to develop from birth, or even somewhat sooner. It has not rarely been observed that children are born with a thumb sore from prenatal thumb-sucking. The thumb represents in this case an object whose perception is accompanied by pleasure. This situation has all the essentials of an experience: the coincidence of an object perception and a perception of self by experiencing pleasure.

In trying to discover the essence of ego development, if one observes the behavior of the newborn and of the infant what is most striking in this behavior is that the pleasure principle seems to be fully functioning. Theoretically, in accordance with our definition of self, it could not be otherwise because the subject (self) and its manifestation (pleasure and pain)

<sup>5</sup> In this respect the self resembles the id. But the id also comprises according to Freud the repressed unconscious. This constitutes a confusion of functional and topical principles. If we reserve the pleasure pain function to pure subject, the self, we have a clearer theoretical basis. The repressed does not need a specific organ. As a matter of fact it functions as if it were conscious, as true motivation, eliminating only the reality test of perception.

are the necessary subjective preconditions of experience. Nevertheless, some objective sensibility must be present also because it is this sensibility which perceives objects; which is the other, the objective, precondition of experience. Observing closely the growth from birth to childhood, it is plain that the capacity to experience pleasure and pain does not develop much further; it is already fully functioning at the time of birth although at birth the sensorium of the infant is far from being at the peak of its development, either physiologically or anatomically.

The subtler senses of the infant do not seem to confer as much experience as do the more primitive senses. Sight and hearing do not convey enough meaning to the newly born child to constitute, properly speaking, real experience.<sup>6</sup> The infant tries to corroborate these subtler impressions with impressions of the more primitive senses which are based on contacting an object. It grabs at everything that it sees and tries, if possible, to put it into its mouth. The object which is seen must in addition be felt and, if possible, tasted and smelled before the child is satisfied. This satisfaction evidently means that the child is now cognizant of the object as an object. The disturbing strangeness of the sight of an object is dispelled by feeling, tasting, smelling, by contact. The child has literally and figuratively 'grasped' the object.

In seeing an object for the first time, the visual impressions do not confer to the infant any knowledge about the object. The visual impression is a chaotic mixture of shapes and colors without any meaning, an impression similar to that of a layman looking at an engineer's blueprint. There is a strange emptiness in an unapprehended sight. (The word 'apprehend' contains etymologically the concept of taking, seizing.) Sound is transmitted through the medium air which is much more substantial than light, the medium of vision; it stands nearer to the contact senses, and therefore better arouses a reaction of the infant's self. The more substantially the object stimulates the sense organ, the more intensive is the reaction

<sup>6</sup> Many animals are born blind.



of the sense organ. The contact senses proper, feeling, tasting, smelling, have greater intensity, are more capable of being evaluated by the self through the feeling of pleasure or pain. The infant reacts either with a smile or an expression of displeasure. As long as the pleasure principle is not evoked, we can be sure that the self is not aroused and that the subject is not present and therefore no experience possible.

Thus it is that the objective sense function in itself does not constitute an experience. In addition, the evocation of the subjective pleasure principle is necessary.<sup>7</sup> This is made possible by the intensity of the response of a sense organ. This is an important observation which permits an indirect conclusion as to the nature of pleasure and pain which would be otherwise impossible, as pleasure and pain cannot be objects of direct intuition and, therefore, cognition. Knowledge can be gained only from objects. This makes a direct objective knowledge of the character of pleasure and pain impossible. But an indirect knowledge we have of it through the intensity of sense organ reactions that evoke the pleasure principle. The pleasure principle therefore must be of a similar nature; it must be based on a principle of energy. It is the energetic reaction of our bodies as a response to substantial influences from the world of objects which is the essence of feelings of pleasure and pain. And it is self-evident that our contact senses convey objects to us with much more substantiality than, for instance, our sight. This is the reason why any sight with its low intensity has to be corroborated by our contact senses in order to evoke a stimulus intense enough to arouse the reaction of self.

This corroboration of impressions by different senses means that we are able to relate them to one another. This relating of one sense impression to the impression of another sense is what is called association. After having established a firm association between two different stimuli coming from the same object, we do not need this actual corroboration any longer.

<sup>7</sup> The mechanisms that make contents of the conscious mind unconscious, as repression or isolation, are probably based on the possibility of disconnecting the objective and subjective factors of experience.

We become able to evoke at the sight of certain objects, the impressions of other senses without direct stimulus. For instance, once an infant has established a firm association between the sight of the breast and the pleasure which it feels when it touches, tastes and smells it, the pleasure principle will be evoked and the pleasure anticipated in the infant at the mere sight of the mother's breast.

This is similar to what Pavlov described as the 'conditioned reflex'. The only difference between Pavlov's and our evaluation of conditioned reflexes is that we do not put all the different associated sensations in one class. It is not merely a mechanical association of the objective impression of one sense with any objective impression of another sense. We can neglect the fact that Pavlov's conditioned reflexes are made up of different impressions of different objects whereas we are talking about different impressions of one single object. We are merely concerned here with associations of different sense impressions in general. If this association of sense impressions were merely mechanical, or if you prefer, objective, then we would fall back to the theories of David Hume who thought of the mind as a flow of objective perceptions unrelated to any self.<sup>8</sup> But by recognizing that the basic principle of the self is the pleasure-pain principle which is the constant companion of all sensual impression, we can see that the real working power in associating different sense impressions is the pleasure principle which is aroused in different sensations. In the case of the infant seeing the mother's breast it is the association of a sense impression with little power to evoke pleasure or pain with the impression of the same object on another sense which is highly capable of evoking pleasure or pain. A highly pleasant or painful impression of for instance the tactile sense is corroborated by, let us say, a visual impression of the same object which in itself does not carry enough pleasure- or pain-arousing qualities to make the individual react to it. But by associating a strong subjective pleasure or pain sensation to a predomi-

<sup>8</sup> This, by the way, may come close to the 'narcissistic' unrelatedness to reality which characterizes the psychotic.

nantly objective sensation the latter is able to reëvoke that pleasure or pain sensation at any subsequent occasion. The effect of such an association between different sensual impressions causes to be mobilized intensive pleasure or pain sensations, in response to remote and minimal stimuli. Thus, for instance, the sight of an object formerly associated with a strong pleasure or pain sensation deriving from contact with the object can arouse the memory of the contact sensation. By ascribing the now actually nonexperienced, but remembered contact sensation to the object seen or heard, the mechanism called projection takes place if the association occurs spatially. If it is a temporal association it is called anticipation.<sup>9</sup>

Of the many attempts made by philosophical and psychological thinkers to build a critical psychology based on the critical method of investigation created by Kant, it must suffice here to state only that most of them accepted Kant's definition of the ego, as based on objective experience and on a representation of objective experiences, taking the subject in some way for granted. In addition, they all tried to define what most of them called by different names, as for instance, 'pure ego', or 'pure subject', what we here call 'self'. All of them failed to recognize the self as the function of the pleasure-pain principle because they applied only objective methods of logical thinking to the problem, and did not try to investigate the subjective conditions which are the concomitants of all our experiences. They all failed to recognize man's subjective interest in seeking objective knowledge. They therefore got stuck somewhere in the problem of identity which in itself cannot be analyzed logically any further. It is the limitation of 'pure thinking' that it cannot reach out much beyond the known and firmly established facts of external observation. It is understandable that the subjective pleasure-pain principle could not be recognized as the cornerstone of our very existence

<sup>9</sup> Anticipation is the essence of hope and fear. By its relation to time, as the determinant of our own existence in our intuition, the close relationship of fear and hope to our ego, the intuitive representation of our own existence, is surprisingly proven from quite an unexpected angle.

before its eminent importance for our psychic functions was recognized empirically. It was Freud who discovered the pleasure-pain principle as the paramount psychological principle and opened the path for us to formulate here in a critical investigation, the conditions under which experience is possible. We shall see that Freud further recognized something which we now can prove with our critical technique as being absolutely and unconditionally necessary, the recognition of sexuality as the condition which exclusively determines the functions of our minds.

All the material which is necessary to make this deduction has been mentioned. But first I wish to refer to a paper of Dr. Ives Hendrick, *Instinct and the Ego During Infancy*.<sup>10</sup> In this paper Dr. Hendrick emphasizes that in early childhood, especially in the first three years of life, sexual interests are not of such outstanding importance as the development of the sense functions in general. He tries to show that there is a certain tendency to repeat sense impressions until what he calls 'mastery of environment' is achieved. He believes that there must be a drive to learn, and that the period in which this drive to learn is developed precedes the period in which libidinal interests become of superior importance. He believes that the repetition compulsion is the result of a sense of loss of mastery over the environment caused by neurotic inhibitions. Later neurotic repetitions are merely futile attempts to reestablish that mastery.

There is much disagreement about this use of the expression 'mastery'. I agree that it is a misnomer, but I believe that Dr. Hendrick's observations are correct. For example, a mother who frequently read the text under the pictures of a picture book to her three-year-old boy, sometimes for fun replaced by other words certain words that were familiar to the child. This evoked firm protests from the child who became distressed to the point of tears if his mother did not replace the substituted word with the familiar one. This continued until the

<sup>10</sup> Dr. Hendrick's paper will be published in a subsequent issue of *This Quarterly*.

child had fully memorized the whole text of the picture book. After that he started himself to repeat the joke of the mother and to make changes of his own in the words of the text. We see here a period in which a child demands repetition, followed by a period when he likes to make his own variations. What caused the child's distress was that the words with which he felt familiar were suddenly mixed with unfamiliar ones. It would be futile to analyze the meaning of the words omitted or substituted because any substitutions aroused the same distress in the boy. The real disturbance did not stem from the content of the words, but the fact that he could not recognize the words as those which he vaguely remembered. This resembles the observation with which Freud opens his book, *Beyond the Pleasure Principle*.

The child was still in the period of what Dr. Hendrick calls trying to achieve mastery of his environment, or, on a higher level, learning. The distress which this child showed was his reaction to the danger he felt to his weak and imperfect ego. This distress must be similar to the distress which psychotic patients show in the incipient stages of the psychotic breakdown of the ego. The whole system of not firmly established associations is threatened, and the ego is in danger of cracking. The distress of the child went deeper than any anxiety which can be traced to repressed imaginations. It is not the œdipus complex or castration fear which is the content of this child's distress. It is a danger to the unity of his ego, endangering therefore not the function but the essence of the ego.

If a position is really mastered, there is a perfect system of firmly established associations of different sense impressions coördinated with certain pleasure-pain values. This process of associating and coördinating of objective and subjective sensations continues as long as the ego is in a state of development or what might be called apprehending and learning.

We must inquire whether these mechanisms of apprehending and learning are driven by forces different from the libido mechanisms. Is there a contrasting difference between these two functions or do they flow one into the other by a mere



process of further differentiation? I believe we suffer to a certain extent in the theoretical evaluation of our observations from the fact that we interpret the child's behavior in terms which are taken from adult sexuality. Freud established his sexual theories by describing the child's behavior in terms of the conscious sexuality of the adult, both normal and pathological. In order to describe the force behind these mechanisms, the word libido was coined. But we have in several languages an expression which would serve our theories much better than the uncomfortably academic term, libido. The word is sensuality. This word expressing the deep wisdom contained in all creations of language, embraces both the function of the senses as well as sexual desire. Indeed, the child who puts a toy into his mouth trying to taste, smell, feel it, does not in essence differ from a lover, who yearns to embrace, kiss, and have sexual relationships with his beloved. Whether it be a toy or a human being with which we are in love, it is essentially the same process of apprehending by corroborating different sense impressions accompanied by the pleasure and pain reactions of the self. If pleasure is obtained we call it satisfaction. The pain of not obtaining satisfaction is called frustration. Learning can be defined as a process of obtaining satisfaction of that part of our sensuality which we call intuition (and its derivative, intelligence). If the other part of our sensuality, sensation, (and its derivative, emotion, 'feeling') seeks satisfaction, we are loving. As there is no sharp limit between intuition and sensation and therefore between intuitive-intellectual satisfaction on the one hand and sensual-emotional satisfaction on the other hand, learning and loving are practically always intertwined and form our different 'interests'. As all our sense organs show mixtures of intuitive and sensual functions, the primitive example of the child which tries 'to know' his toy is, as is all play, a simple model for any kind of psychic object relationship. What the infant does with the toy is not the symbol of a sexual act but a forerunner of it. The rôle of the child in this process of apprehending the different properties of an object in correlation to the pleasure and pain values of its sensations, can be described by saying that the child is

sensual. But there is no fundamental difference between sexual and sensual processes, and the process of loving an object is essentially a process of learning 'to know' an object. Even in this respect, the miraculous sureness of language furnishes the key word. In the Bible, sexual intercourse is referred to as 'knowing'; in German, '*Er erkannte sein Weib*'; in English, 'He knew his wife'. In German slang a figure of speech expressing a wish to have intercourse with a certain woman is, '*Ich muss es von ihr wissen*'. A patient who yearned for intercourse with a forbidden and dangerous woman, protested against advice to control himself, 'I must know how she is'. We see here that loving is the equivalent of learning, and not opposed to it. It is another form of learning, with a more complicated interplay of both actual sensual impressions and more complicated emotions based on the memories of such sensual impressions. Essentially it is the same whether we love or whether we learn. How else could sublimation be possible? How could an inhibited sexual interest find expression in a seemingly non-sexual interest if both the sexual and the sublimated interest were not of the same nature—basically sensual? I therefore cannot see that learning and loving are different things, nor that Dr. Hendrick's 'drive for mastery' is essentially different from the drive for attaining sexual gratification. Granting that the words, learning, apprehending, come nearer to describing what objectively is taking place in the infant, the whole process nevertheless is based on a general function of animal life of building up experience based on sensual perceptions; and as all sensual perception is always perceived in terms of the pleasure principle of the self, it is this invariable unit of objective sense impressions plus pleasure-pain reactions which builds up what we call experience. The ego is merely the mental representation of experiences correlated to each other on the basis of the pleasure or pain response of self. That we are essentially sensual beings establishes the rightness of the old principle that there can be nothing mental which was not first a sensation.

The deduction that the development of the ego is essentially the development of coördinated sensations evaluated according

to the pleasure-pain principle of self is the critical conclusion from the fact that our whole existence is based on sensuality; and sexuality is merely a specially highly pleasurable form of sensuality. This is the theoretical and critical deduction which confirms Freud's empirical discovery that man's nature is essentially sexual. Much of the protest and misunderstanding of those who objected to Freud's theory of sex came from the fact that the narrower term, sexuality, was used in order to denominate the wider principle of sensuality. That Freud named this ultimate principle of man's functioning 'sexuality' had different reasons. First, it was a necessary provocation, a reaction-formation against the general prejudice against all sexuality. One has to strike a harder blow than necessary in order to be a liberator; one has to be provocative. More subjectively, it is less hurtful to man's pride to imagine the child as having feelings similar to the adult, than to admit that the sexuality of the adult is nothing but a more complicated form of the child's playful learning.<sup>11</sup> It is not agreeable to compare a lover embracing and kissing his love to a baby putting a toy into his mouth, and it is the stubborn fight to uphold the dignity of the ego which is the actual resistance against moving the most cherished possession of one's self, the ego, from the center to the periphery of importance. However, most important in focusing Freud's interest on sexuality was the fact that this most intensive form of sensuality, once recognized in its important central position in the oedipus complex, overshadowed all less intensive, less spectacular manifestations of man's constitution as a primarily sensual being.

#### CHAPTER IV

Up to this point it has been tacitly assumed, not expressly stated, that man possesses motility as well as sensibility. Afferent sense impressions are conveyed by the sensory nerves in a

<sup>11</sup> More complicated because the objects (human beings) of later love-learning are more complex. The psychologist who tries to learn about the same objects by applying the derivatives of his distance senses rather than by contact experience is well aware of the intricacies of those objects.

centripetal direction; motility conveys the efferent motor impulses in a centrifugal direction to the organs of motion. The problem is to determine the rôle of motility in forming experience.

It will be recalled that the conclusion was reached that the pleasure-pain principle has the most important rôle in the functioning of the self because it cannot be attributed to any object, and that the subjective sensations of pleasure and pain are the only sensations added to objective sensations conveyed to us by the senses. We have to determine whether the motility has similar relations to the pleasure-pain principle of the self. Muscular movements can be accompanied by strong pleasure-pain sensations. There exists a muscle sense that may be compared to the sense of touch. If pleasure or pain accompanying muscular action is felt, this sensation is like any other sensation a centripetal process in which the moved muscle plays the rôle of an object. In cases where the afferent sensory nerve fibers are destroyed, muscular function itself does not necessarily suffer but there is a loss of coördination of movements because without sensations from the muscles they can no longer be objects of perception.

We can see no direct connection between motility and the sensation of pleasure although it is obvious that motility is in the service of the pleasure principle, but not necessary for its functioning. Motion must be considered as an auxiliary in creating experience but not as an essential factor of it. One can imagine an individual immobilized, who would still have experiences on the basis of sensation only. Plants come close to such an existence. Of course the bulk of experience of such an ideally inactive individual would be much less than of an active one, in so far as the latter can seek experiences whereas the former would have to wait for them.

Where should these energies which feed motility be placed in a psychological system? If they are not an essential part of the self, one might dispose of the question for the purposes of critical investigation, by allocating them as a part of substantial reality.



It is reasonable to consider that the substance of our bodies is a part of the substance of a space-time continuum. What distinguishes one human body substance from the rest of all external substance is merely its correlation to the pleasure principle of the individual self. This correlation is the only reason for our distinction between external objects and internal objects. The totality of internal objects represents what we call the substance of our bodies. Theoretical physics is progressively abolishing the old distinction between matter and energy as two qualities of substance, and is more and more successful in describing in terms of energy what we perceive as matter. Einstein, however, only recently stated that physicists are still far from being able to define correctly the relation of matter to energy. 'No one has been able to find out', he said, 'why matter should be in the form of discrete particles, and why each particle should carry the same quantity of electrical charge. This problem is closely connected with the direct representation of physical reality in time and space.' The human body, being substance and therefore belonging to physical reality carries energetic charges also. But this energy is subject to the pleasure-pain principle which creates in each of us the experience of being a self, of being ourselves. This energy which is represented by the substance of our body is used to increase the experience of pleasure, as much as possible. It is what I would define as 'drive'.<sup>12</sup>

Before considering the exact position in psychology of drive energy, we should consider the differences in the perception of matter and energy in general. Direct evidence of the senses makes external solid objects appear to us as matter. Physicists would not have to try to understand matter in terms of energy if energy were directly observable in external objects. Yet, energy is directly observable, but only inside of our own bodies. Schopenhauer asserted that at the core of the personality is will. Will is a form of energy oriented towards

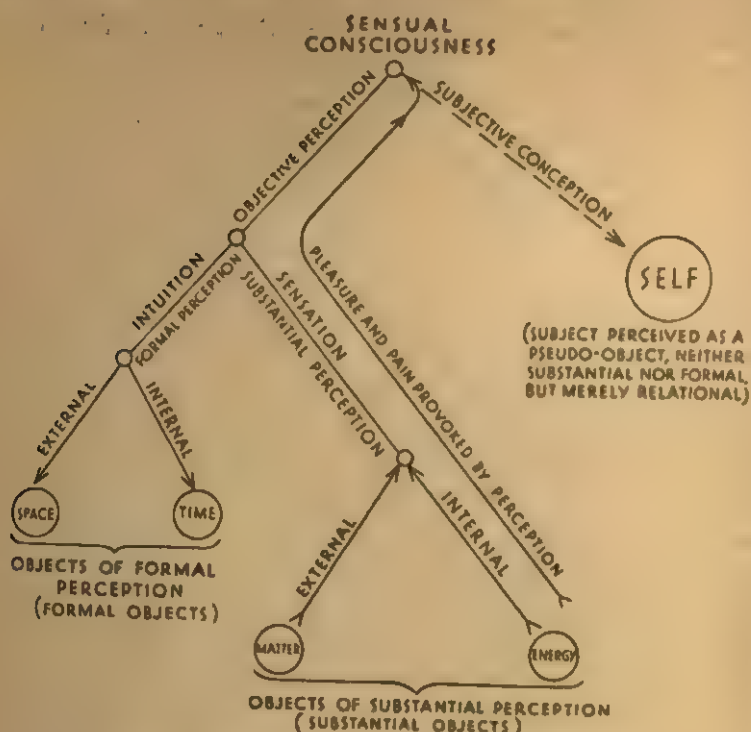
<sup>12</sup> The word 'drive' is used here exclusively to designate this energetic function of our body substance. The word 'instinct' is reserved for something much more complicated which includes the substantial environment also.



apprehended reality; it is a kind of higher instinct. It is noteworthy that perception of internal objects, found only within the body substance, conveys to us essentially energetic sensations, whereas external objects convey to us material sensations. What we sense as an external object is essentially, for our perception, matter; what we feel of internal objects is in essence, energy.

Although 'external' and 'internal' in this sense are largely a question of whether the object belongs to the body or not, this distinction is not the essential one; for parts of the body can be external objects because they are perceived by our external senses. We can, for instance, feel some part of the body with a hand, in which case, this body part constitutes for us a purely external object, and we perceive it essentially as consisting of matter. But we can also feel this part of the body as an internal object, if we use it actively. The tonus of the muscles, all that is felt of the body when it is being used actively, communicates to the individual a sensation of greater or of lesser intensity in terms of energy. This difference between external and internal sense perception has a very interesting parallel between Kant's external and internal intuition. Kant stated that we perceive external objects as determined by space whereas, with our internal sense, we perceive ourselves as determined by time. Thus he called time the formal condition of our inner, and space the formal condition of our outer sense. If we do not consider as Kant did, the formal conditions of perception, but the conditions of the substantial contents of our perception we can see that internally we have the substantial sensation of energy, and externally of matter. This makes matter parallel to space, and energy parallel to time. This parallelism is very interesting. It is the psychological aspect of the same problem, stated above, on which the physicists are working. Like physics, psychology can at present go no further.

I beg indulgence for yielding to the temptation to express in the accompanying diagram the relationships that have been described.



This diagram attempts to show how things and the self are consciously perceived. At the left, 'objective perception' leads to consciousness. It is divided into formal intuition and substantial sensation of objects. It has already been stated that the more substantial the sense function, the closer must it get into actual (tactile) contact with the object, to furnish the clearest substantial perception of the object possible; whereas when we use the noncontact senses (sight, hearing) we have to project<sup>18</sup> the impression of those sense organs on a

<sup>18</sup> It would lead too far to discuss the interesting problem of intuition as a projection. As such, intuition is an activity of the sense organ. Hence sense organs are not pure receptors but also effectors. In general, there does not exist any organ in a living body which is not both receptive and effective. Psychophysiologically all body organs are 'sense organs', all activities are 'projections' of inner processes (which makes behaviorism possible) whereas all inner conditions, as instincts, moods, etc., are 'introjections', i.e., receptive recordings of external influences (which makes psychoanalysis possible). Activities of the individual are recorded in the outside world by the traces

distant object, and are therefore chiefly using intuition as a means of perception. There is a minimum of intuition even in the most substantial of our contact senses, the sense of touch, and a minimum of substantial sensation in our distance senses. Therefore in all practical perception, formal intuition and substantial sensation are mixed.

The other component of perception, namely sensation which is essentially substantial, is divided, as has been explained, into external and internal sensation. Objects are conveyed to our sensorium by external sensation as conditions of matter, by internal sensation as conditions of energy. This is the whole objective perception component of sensual consciousness. The other component is much more primitive and has no subdivisions. It is not related directly to any object, although it accompanies the substantial sensations, or, more exactly, the internal component of them, the energetic sensations.

Pleasure and pain are essentially a kind of relative index by which we evaluate our objective sensations. This evaluation is subjective and gives us the notion of having a self. The self cannot possibly exist as an object; it is pure subject. Whatever is not an object cannot be spoken of in terms of existence, but merely of function. Pain and pleasure cannot be qualities of an object because of their exclusive subjectivity. But we refer sensations to an inferred something which is treated as if it were an object. Thus, while sensation (pain, pleasure) is subjective, we refer it to something which we treat like an object and the source of the sensation. This reference to an object which does not exist as an object because it is pure subject, leads to the development of the ideas of a self. That self is then represented in our minds as if it were

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which an individual leaves in his surroundings during his life whereas activities of the outside world are recorded by the traces which it leaves in the body of the individual, i.e., in its nervous system, as far as psychophysiology is concerned. The pleasure-pain principle, responsible for the concept of 'self', thus being also the criterion for 'external' or 'internal', which only make sense in reference to a self, is therefore also responsible for receptivity and activity, or intake and output of energy.

an object. Self then is a pseudo object which is treated as if it were the 'source' of our subjective pain and pleasure sensations and as such an 'object' which differs from all other objects of our perception. To mark that distinction we call this pseudo object 'subject'. We feel that it 'belongs to us', that it is the inner 'source' of our feelings.

Concerning the position of the feelings of pleasure and pain, a bit of speculative hypothesis occurs to me as a possible aid in objectifying these subjective sensations, by comparing them to the phenomenon of electric induction. When an electric current is sent through a closed system of wires, an induced electric current develops in a secondary system of wires the moment the primary current is closed or interrupted. By analogy, the perception of objects represents the primary current and the subjective perception of pleasure and pain is likened to the secondarily induced current.

We have mentioned before that the experiencing of the energy at our disposal cannot be accounted for as coming from the self because the self can only be perceived in terms of pleasure and pain. The only way in which we can become aware of activity, of spontaneous energetic impulses, is by way of objective and substantial perception of internal objects. Energy, therefore, is not subject but internal object. This means that we perceive energy as the property of the internal object which does not entirely coincide with our body substance, but coincides with it to a very great extent. It is important to keep in mind the complication which lies in the fact that we regard parts of our bodies as if they were external objects—as consisting of matter. But this ambiguity must not divert us from the fact that awareness of energy as something which we experience with our senses, as something which we feel, can only derive from bodily substance which is then an internal object and is directly felt as energy.

This internal object which yields the sensation of energy, makes itself felt on different levels in different ways. Biologically it may be energy which is set free by metabolism or the chemical processes of the body. On a psychological level,

this free energy is perceived as drive. It must be emphasized that drive does not belong to the self but to an object.<sup>14</sup> The impression we might get that drive belongs to the subject comes from the fact that the object (bodily substance) from which it really comes is an internal object. One is always inclined to regard the drives which come from our body substance as belonging to the subject, and it needs careful attention to avoid this confusion of the subject with the internal object.

Drive can be fully understood only if we apply to it what we know about energy. For it is energy, our 'own' energy. It is free energy, to be precise. Its tendency is to diminish its potential, to dissipate, and finally to reach that point where it can no longer be transformed because there is no longer a difference of potentials. It has then become entropic. This is the content of the famous second law of thermodynamics. Freud may have had this in mind in his conception of a death drive. But this character of energy is not applicable to a special drive. It is the character of all drive, not only of a death drive as opposed to a libidinal drive; for drive is merely energy felt as internal object, felt directly by our internal sense as being active in our body substance.

A drive energy of high potential is felt as tension. Freud recognized the tendency of drive to diminish its tension. This diminution is felt subjectively as pleasure.<sup>15</sup> This can be obtained only by discharging the free drive energy on an external object which, as described, need not be literally an external object but can also be a part of one's own body substance perceived with the external senses.

With the discharge of drive energy on an appropriate object two things, one objective and one subjective, are achieved: (1) objectively, a diminishing of the energetic potential, and

<sup>14</sup> This fact may be responsible for Freud's conception of the id as something 'outside of the ego', something impersonal.

<sup>15</sup> This is true only within certain limits. The exact conditions could be discovered only by physiological investigation of the energy contents of the sense functions. Such an investigation would lead to a science of psychodynamics.



according to the second law of thermodynamics an increase of entropy; (2) subjectively an experience of pleasure sensation.

Thus Freud's theory of a death instinct has to assume that in one act of gratification, both libidinal and death impulses are gratified. In increasing entropy it is obvious that the death impulse would be gratified; whereas in the pleasure experience the libidinal drive would be satisfied. We then would have to recognize that libidinal and death impulses are not working against each other but in a parallel direction, in which case one might please himself to death. This may be said to be true in only one circumstance: if the external object is a part of the body substance, that is, if the individual for some reason cannot reach an external object and has to make use of his own body substance as an external object. This is called narcissism.

To understand this fully, the system in which the discharge of energy takes place must be clearly defined. If there is an external object on which to discharge energy the energetic system works very economically. Most of the energy will be transformed and only a little part remain entropic. The more energy transformed, i.e. discharged on a foreign object, the greater is the accompanying pleasure.

But if the discharge on a foreign object is inhibited by some obstacle, objective or subjective,<sup>16</sup> parts of the individual's own substance will have to play the rôle of an external object. In this case his own body will simultaneously be the producer and the consumer of energy. The gradient of the energy potential cannot be great in such a system; most of the energy will not be discharged by transformation into other forms of energy and will have to be dissipated and become entropic. It is—although not very correctly—comparable to a boiler which must be cooled because the valve by means of which the steam escapes into an engine is obstructed. The pressure is thus reduced but no energetic effect ensues; merely condensed steam, water, and all the fuel that was used to produce the steam is

<sup>16</sup> Lack of appropriate objects; fear of pain.

lost, the energy transformed into heat which is dissipated into the surrounding air.

I am inclined to say that drive is unorientated free energy. Our senses direct it to objects. The pleasure principle is the compass which indicates which object promises the greatest economy of discharge, the greatest pleasure and the least pain.

There is no death drive. Death is the result of accumulated entropic energy. In each energetic process some percentage of energy remains unavailable, becomes entropic. It is a question of economy that determines when this accumulation of entropic energy reaches the critical point. The less narcissistic a psychic system, the more external substance,—the less body substance plays the rôle of external object and the more economical is the function of energy intake and output. The subjective expression of this economic ideal is the striving to obtain as much pleasure with as little pain as possible. If the objective senses give a choice between objects for drive impulses, our subjective sense of pleasure and pain is the director of our drive towards one or another. All activities, beginning with the simplest metabolic activities of the cell, up to the highest mental activities, have only one goal from the consistently subjective point of view: to obtain pleasure and to avoid pain. Oral, anal, genital, destructive and creative activities are distinguished from each other only by the different objects which promise pleasure or threaten pain. Libido is the word in psychoanalytic usage for the function of the pleasure-pain principle which attracts one towards a given object if pleasure from such a contact is anticipated. If pain is anticipated, that same subjective pleasure-pain principle produces repulsion or a shrinking away from the object. Libidinal orientation may under certain conditions be reversed from original attraction to repulsion<sup>17</sup> by the process of 'con-

<sup>17</sup> On higher levels, with richer intuitive and intellectual experiences, aversions and attractions may assume more subtle aspects, and mental object representations may be treated as real objects: we speak of wishes, desires, hopes, when object representations attract us; of disgust, revulsion, rejection, worry, if they repulse us.

ditioning'. Thus a transition from a positive to a negative (or vice versa) libidinal directioning of our drive energies is a problem which can be solved only by analyzing the past of a given individual in respect to his contact with those past experiences.

The fact that libido has a closer relationship to sexual than to other sensations comes from the fact that sexual objects (real or imagined) carry a promise of more intensive pleasure than any other objects. But the promise of all other sense objects follows the same pattern, so that our attitude to these other objects as well may be truly described as libidinal. The relationship between oral and anal sensations and sexuality comes from the fact that the first two sensations also have a high intensity, although they do not reach the height of the sexual ones and therefore cannot lead to such a sudden and complete release of energetic tension as is achieved by orgasm. They are therefore very important but less economical forerunners of sexuality. The release of tension in acts of elimination has not the relieving character of orgasm, but is sufficiently similar to be a forerunner of orgasm. The psychic economy of the oral, anal and phallic phases is adequate for early childhood when the tension of the accumulated energies is not great. But for the mature individual who has a fixation in these phases, all striving for gratification of these infantile desires are uneconomical. The individual fights a losing battle against increasing entropic energy, against what is called damming up the libido.

What we wish to stress is the equality of all sensations. Sexuality is one of many sensual strivings, but a highly intensified one needing a greater psychic economy because it has greater forces to dispose of.

It is proposed to regard libido not as a drive, but as the motivation of drive to the finding of objects. The drive itself can change the object by which it is motivated, but the goal remains the same in all manifestations of the drive: to obtain pleasure and evade pain which is achieved in proportion to the amount of accumulated free energy discharged.

Freud recognized very early that his original distinction between libidinal drives and ego drives had to be given up because ego drives were found also to pursue libidinal aims. We believe that the later distinction between libidinal drives and destructive drives cannot be maintained either because libido is not an inherent characteristic of drive but is the means of motivating and directing it. To whatever action a drive may lead, whether sexual or destructive,<sup>18</sup> its subjective value will be appraised in terms of the sensual experience of pleasure or pain. Masochism is no exception to the rule of the pleasure principle. It is an attempt to obtain pleasure at the expense of suffering pain. As such, masochism is one of the most uneconomical psychic mechanisms. But however uneconomical, it seeks sensual gratification, sensual pleasure. This gratification is the final goal of all human activities although the objects of these strivings are as various as the objects which affect perception. One must not be deceived by the fact that the *results* of man's activities are sometimes destructive, sometimes constructive. This difference is not caused by different drives but by different subjective sensations experienced when his drive brings an individual into contact with objects. A subjective quality of pain in an experience will give a different character to an action than would pleasure. Another varying factor lies in objective circumstances. Eating is a destruction of the object, food; but this is only a circumstantial result of that specific situation and not the outcome of a destructive character of the drive. The subjective feeling might well be one of 'embracing' the object, food, with the inverted part of the body surface, the intestines. Infants can be satisfied by sucking without nourishment. There can be no avoidance of the subjective point of view in investigating psychic phenomena. That objectively ingested food is disintegrated, but that the flow of energy is then reversed by digestion, and energy is finally not lost but taken into the body—these are objective biological, physical and

<sup>18</sup> Destruction is one of several ways to escape from a feared object. Destruction of an object removes it from the sphere of perception.

chemical phenomena that cannot in any way be considered as subjective, and therefore, as psychological problems. To consider the objective results of our actions as their cause, and conclude that we eat to replenish our bodies, or have intercourse to replenish the race is teleological thinking and is not only unpsychological but also unscientific.

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This is the first of a series of three articles by Dr. Herold on this subject. The second and third parts will appear in subsequent issues of This QUARTERLY.



# THE STATUS OF THE EMOTIONS IN PALPITATION AND EXTRASYSTOLES WITH A NOTE ON 'EFFORT SYNDROME'

BY MILTON L. MILLER (CHICAGO) AND  
HELEN V. MCLEAN (CHICAGO)

For centuries it has been recognized that the heart is particularly susceptible to emotional stimuli. One of the earliest cardiac diagnoses in accordance with this recognition was made by Avicenna (1) in the tenth century:

'A certain young man of Gurgan by the Caspian Sea lay sick of a malady which baffled all the local doctors. Avicenna (his identity being then unknown) was invited to give his opinion, and after examining the patient, requested the collaboration of someone who knew all the districts and towns of the province, and who repeated the names while Avicenna kept his finger on the patient's pulse. At the mention of a certain town he felt a flutter in the pulse. "Now", he said, "I need someone who knows all the houses, streets, and quarters of the town". Again a certain street was mentioned and the same phenomenon was repeated; and a third time, when the names of the inhabitants of a certain household were enumerated. Then Avicenna said, "It is finished. This lad is in love with such and such a girl who lives at such and such an address; and the girl's face is the patient's cure." They were brought together and married and the cure was completed.'

In this case the patient had repressed the entire conflict, even his awareness of love for the girl. The physician perceived a part of his patient's conflict (love) but not the fear which it engendered.

Extrasystoles produced as a result of emotional stimuli are mentioned by Wittkower as having been first observed by Nasse (13) in 1918. During the past two decades the develop-

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ment of diagnostic methods has made for much greater precision in differentiating organic from functional heart disease, and has led to a recognition that at least fifty per cent of the patients who consult a physician because of heart symptoms have no demonstrable organic lesion of the cardiovascular system, and that even where actual cardiopathology can be proved there are in thirty to thirty-five per cent of these, symptoms which can not be explained on an organic basis but which are functional in character.

Among the numerous cardiologists who have studied cardiac neuroses alone or in conjunction with organic heart disease, outstanding contributions have been made by Ryle (14), MacWilliam (12), and MacKenzie (11) in England; Connor (4), White (17) and his coworkers, Kilgore (8), Christian (3), Boas (2), and Weiss (15) in this country. In such contributions the physiopathological aspects of the problem are dealt with exhaustively. The psychopathological descriptions however are in general terms such as, 'emotional disturbance', 'worry', 'grief'.

In *Emotions and Bodily Changes*, Dunbar (5) has summarized the psychological findings in the literature pertaining to cardiac neuroses up to 1938. From all the attempts to delineate the emotional situation which may be in causal relation to the cardiac symptoms, up to that date, of chief interest are the findings of MacWilliam (12), Wolfe (19), Karl Menninger (9), and William Menninger (10).

MacWilliam (12) in studying the effect of dreams on circulation, noted marked palpitation, increased heart action, increased pulse rate, and greatly raised blood pressure in an individual who awoke after a dream 'in which he felt lively resentment at the irritating conduct of an official on a public occasion'. From his studies MacWilliam (12) concluded that such an emotional disturbance in sleep may cause hemorrhage, anginal attacks, or even ventricular fibrillation.

Lewis Gunther and Karl Menninger (7) made electrocardiographic records of a female patient who had intermittent attacks of extrasystoles when she was being prepared for a

pelvic examination and while the examination was being made. Her history showed that she had considerable conflict over sexuality. While the case was not explored in great dynamic detail, the authors suggest that the anxiety connected with sexual stimulation contained an element of hostility, and that both fear and hate were 'expressed autoplastically'. Psychoanalytic observations upon cardiac disorders are reported by Karl and William Menninger (9), and in a later paper by William Menninger (10). They stress the importance of unconscious factors which may be associated with the production of cardiac symptoms. In a summary of their observations the authors state that 'the heart disease and heart symptoms are sometimes reflections of strongly aggressive tendencies which have been totally repressed, and appear characteristically in a man who is strongly attached to the father and hostile to the mother'. The hostility to the father is repressed and if the father has heart disease or heart symptoms the patient 'includes these symptoms in his identification with the father, to carry out the inexpressible patricidal impulses reflexively by unconscious focal suicide'.

William Menninger (10), in a later paper, points out the connection between cardiac symptoms and repressed unconscious hostilities.

In a paper entitled Effort Syndrome, published by Wittkower, Rodger and Wilson<sup>1</sup> (18), in *Lancet* in April, 1941, the findings in fifty cases of soldiers between the ages of twenty and fifty, all suffering from effort syndrome, are described and classified. This study is in harmony with our own psychoanalytic findings and corroborates impressions we received regarding the unconscious conflicts of our own four psychoanalyzed patients suffering from similar functional cardiac symptoms.

In the soldiers studied by Wittkower and his associates (18),

<sup>1</sup> This valuable paper appeared some months after our present study was given at a meeting of the Chicago Psychoanalytic Society, April 12, 1940, and at the Joint Session of the Psychoanalytic Section of the American Psychiatric Association with the American Psychoanalytic Association, May 22, 1940.

cardiac symptoms were among the most prominent and consisted of cardiac pain, palpitation, 'fluttering in the chest, as if the heart was going to stop or burst—usually connected with fear of impending death'. They found that the soldiers fell into five personality groups: those in Group I (twenty) were characterized mainly by 'a keen sense of duty and by a rigid superficial and deep morality, and with severe repression of their aggressiveness'; Group II (eleven) showed a similar structure but were less inhibited in their aggressiveness, and particularly tended to be defensive of the 'underdog'; Group III (only three) apparently overcompensated with overaggressiveness, but then took flight into illness; Group IV (twelve) were constitutionally of inferior physique, too much attached to their mothers; Group V were quitters who seemed to have inadequate egos and to have given up the battle in their early years. Although these five groups present superficial contrasts, fundamentally they all appear to present the same basic structure—conflicts about the same issues which were a source of difficulty in our own four patients. All of these fifty soldiers had chronic personality difficulties which seemed to bear directly upon their cardiac illnesses.

Before we give the specific emotional setting in which palpitation, precordial pain, and extrasystoles occurred in our own patients, we wish to digress in order to mention a dream of Freud (6), which he quotes in the *Interpretation of Dreams*, and from which he awoke with palpitation.

'I tell my wife I have some news for her, something very special. She becomes frightened, and does not wish to hear it. I assure her that on the contrary it is something which will please her greatly, and I begin to tell her that our son's officers' corps has sent a sum of money (5,000 k?) . . . something about honorable mention . . . distribution . . . at the same time I have gone with her into a small room, like a store room, in order to fetch something from it. Suddenly I see my son appear; he is not in uniform but rather in a tight-fitting sports suit (like a seal?) with a small cap. He climbs on to a basket which stands to one side

near a chest, in order to put something on this chest. I address him; no answer. It seems to me that his face or forehead is bandaged, he arranges something in his mouth, pushing something into it. Also his hair shows a glint of grey. I reflect: Can he be so exhausted? And has he false teeth? Before I can address him again *I awake without anxiety, but with palpitations*. My clock points to 2:30 A.M.'

In his associations, Freud (6) recognizes his own competitive attitude towards his son and the envy of his son's youth.

### First Case

A conscientious young business man of austere upbringing came to analysis because of hypochondriacal fears, especially related to his heart. He was afraid that he might die of heart disease. For six months he had felt a dull ache over his heart and occasionally mild pains in his left arm as well as palpitation and extrasystoles. A physical examination prior to the beginning of his analysis was negative. A recent electrocardiogram showed some slurring of the R-S complex and a left axis deviation. There was a slight sinus arrhythmia but no extrasystoles. The cardiologist interpreted the electrocardiographic findings as a result of childhood diphtheria and scarlet fever.

In the initial interviews the patient, who is very intelligent, seemed unduly meek and subservient. This paralleled his attitude of passive submission to his father. Later, when he mentioned his father, he gave an important clue to the unconscious origin of his difficulties by a casual remark. His father had died three years before of a second attack of coronary occlusion preceded by a period of angina pectoris. The patient mentioned the first coronary occlusion, and added in an offhand manner, 'That didn't finish him, he lived for six months after that'.

The patient's cardiac symptoms which had been especially prominent for six months, coincided with the beginning of his work in a minor capacity in the business concern which his father had been instrumental in founding and which



bore his father's name. The symptoms coincided also with the time of year of his father's coronary attack.

In his life to date, the patient had been passive, compliant, and had always preferred the easy way. He had been unable to decide on a career, and at college had been most interested in precisely those subjects about which his father knew little. When he finished college he wanted his father to arrange a sinecure in the business for him, but he was refused. He was employed in a bank for several years where he did poor work, and felt bitter about the fact that his father's partners were getting good jobs in the business for their own sons. After his father's death, the patient went to work in the family business but harbored resentment towards the president, formerly his father's partner, because he offered the patient only a minor position.

The patient's unconscious competitive attitude towards his father is dramatically illustrated in a dream which recurred several times at the beginning of the analysis.

His father is not quite dead, but, over a long period of time, is suffering, writhing and groaning.

His associations refer to his fear and resentment of his father, his feeling that the father never helped him enough, and his worry over his own cardiac symptoms, namely, palpitation, extrasystoles, and numbness of the left arm.

During an interruption in the analysis, the patient had two dreams which he reported when the analysis was resumed. The first was accompanied by several weeks of extrasystoles, the second by intense palpitation and fear of imminent death.

*First Dream:* I thought father had heard about my having an automobile accident, running into another fellow's car, after I had had a few drinks. I tried to keep it a secret. Father tried to get me to meet him face to face and have it out. I didn't want to.

His associations referred to his learning that he was to be a candidate for the presidency of a tennis club of which he

was a member. This news preceded the dream. He reacted with intense fear, violent palpitation and extrasystoles, at the thought that he might be elected and have to make a speech at the banquet. He unconsciously equated the possibility of his election with a victory over his father, hence the intense fear and the guilt in the dream. This dream also represented his wish to resume analysis.

The second dream, which occurred a few weeks later, gives us further insight into his unconscious attitude towards his father.

*Second Dream:* On the ceiling of the family's summer cottage there were two spiders together in some kind of movement. The male was a hairy tarantula, the female was beautiful like a dove.

The patient awoke with violent palpitation and fear, and thought of his father's death. He associated his father as the tarantula and his mother as the female spider. He had often felt his father was dirty, crude, etc., and had always felt the same attitude towards sexual intercourse. He had a lifelong fear of spiders. Further associations referred to the first dream of the automobile accident. This second dream reveals one of the important sources of the patient's unconscious hostility towards his father, namely, envy of the father's sexual relation to the mother which he actually witnessed repeatedly since he slept in the parents' bedroom until he was seven or eight years old.

In a later hour he was fearful, tense, felt his face alternately flush and grow pale, and experienced some extrasystoles. These symptoms occurred during a session in which he related a dream in which he won in a competition with another man, had intercourse with a girl and then felt guilty. He recalled his fear of his father and his confusion at six years of age when he learned that his mother was going to have another child and vaguely realized the rôle his father played.

For a few weeks following the resumption of the analysis, the patient continued to experience frequent extrasystoles

daily. An interesting example was the patient's response to an interpretation with an extrasystole. During this hour he was expressing his anger at his wife's recent pregnancy and his unwillingness to take on the added responsibility, by depreciating and criticizing her. When the interpretation was made that he avoided analysis of his attitude towards his wife, since it is connected in his mind with his previous attitudes towards his mother, he immediately responded with an extrasystole and remembered his fear of his father as well as his envious hostile attitude towards his superiors.

### *Second Case*

A college student came to analysis because of marked tenseness, inability to choose a career, and a history of previous nervous breakdowns. His father was a strict, stern, intensely competitive, Napoleonic type of business man with whom the patient felt unable to compete. However he tried to outdo him in scholarly achievement and in his daily life was exceedingly submissive to his father. He tried to repress his passive homosexual attitude, but it found expression towards other men in his efforts to exhibit himself intellectually. This patient's hostility was nearer to the surface than that of the first patient described. He got into trouble frequently but always took flight into ill health.

During the analysis he often experienced palpitation and sometimes extrasystoles connected with his feelings towards his father, especially when he was becoming conscious of death wishes towards him. On one such occasion he perspired, felt anxious, noticed some tachycardia, marked dyspnoea, and pounding of the heart.

Such an emotional situation is clearly illustrated by a dream during this period.

My father was lying down in great distress physically. He had a heart attack, and his pulse was very rapid.

The patient associated his father's attacks of gastrointestinal distress, and recalled his father's fear of death. Then he

recalled that he was told by the family physician that he was a replica of his father. He wished his father would die, then remembered that he himself had always had fears about his heart. He added, 'Maybe I was afraid he would die and maybe I felt he would bring some kind of attack on me because I wished it on him'.

### *Third Case*

A forty-year-old chemist sought treatment because of generalized dissatisfaction with his personal life, frequent periodic drinking, and repeated attacks of extrasystoles. He had been brought up in a pious atmosphere. All of his conscious anxiety was related to his fear of the consequences of his drinking bouts and to the extrasystoles. At certain periods, showers of extrasystoles would recur during one to several days. Then for no apparent reason they would disappear. His heart had been examined several times by cardiologists and had been found organically sound. In spite of reassurance, he continued to be obsessed by the fear that he would die of heart disease as his father had.

The patient was the fourth of six children. Neither the patient nor any of his siblings had ever married. Consciously he depreciated marriage and emphasized the disadvantages of being tied down to one woman and a responsible relationship. Unconsciously he revealed intensely rivalrous hostility against any man with a wife and a well established home. In his profession he had as his immediate superior a man really inferior to the patient in intellectual capacity. Whenever his competitive urges began to interfere with his passive relation to this superior, he would begin drinking. The self-destructive nature of the drinking was clearly shown by the fact that he would drink himself into unconsciousness in his laboratory where he could have been discovered and discharged. Occasionally his work and his own narcissism required that he equal or excel his superior in a way calculated to arouse the anger of this man. During such periods the extrasystoles occurred, subsiding when the patient could once more slip back

into a passive submissive relation to his superior. Whenever the patient was struggling against a sexual interest in the analyst's wife and against a wish to marry a woman who represented his mother he would have showers of extrasystoles during the time such matters were under discussion. Unconsciously the patient felt positively identified with his father. His hostility towards any father figure arose whenever he felt propelled to engage in a rivalrous struggle with a loved father. He attempted to hide his sexual interest in a mother figure by a conscious depreciation or scornful attitude towards her. When this failed and when he was becoming conscious of his jealous rage against a father substitute, he expressed auto-plastically symptoms similar to those which had caused the father's death.

#### *Fourth Case*

A conscientious, ambitious woman, who had been brought up in a strictly moralistic household, had been under treatment for some years when she reported that three weeks previously she had for the first time in her life begun to suffer pain around her heart associated with single or multiple additional heart beats. She was frightened that she might have some form of organic heart disease, although she told herself that the cardiac symptoms were undoubtedly caused by some emotional tension. She consulted an internist who after a thorough physical and electrocardiograph examination reassured her that her heart was organically sound. The precordial pain and extrasystoles continued however for several days following the internist's reassurance. After the patient awoke from a dream, the meaning of which was in part clear to her, the cardiac symptoms disappeared and had not recurred up to the time of consultation with the woman psychiatrist. Two days later the patient wrote to the psychiatrist giving further associations to the dream. While writing this letter the precordial pain momentarily recurred. The essential history of the patient is as follows. She is a forty-eight-year-old unmarried woman who had been successful in the nursing profession.



She had been a rather withdrawn, slightly eccentric individual, but viewed superficially, her professional and social adjustment seemed adequate. During 1931-32 she had her first sexual affair. Her lover was a man six years younger than the patient. In many physical and mental characteristics he resembled the patient's father. His given name was even the same as her father's name. The patient had developed increasing anxiety which made her withdraw from all professional and social contacts, but during the past eight years a gradual process of rehabilitation had taken place. Later, the patient was offered an excellent position. She became immediately anxious, predicting that she would only fail. While she was attempting to reach a decision about the job, her psychiatrist went away for ten days. It was then that the cardiac symptoms appeared.

During the recent consultation, she said: 'I've always been afraid of heart disease because I remember as a small child hearing a doctor say, "That one will die of heart disease". Then I always thought mother died of heart disease. [The patient's mother died when she was eight years of age.] That's why I was so worried over the pain and extrasystoles. In the dream you were a French woman, not very tidy and a little too fat. You were singing songs in some place like the Institute where there were a lot of men around you. You were singing, "*Je ne sais pas ce que je suis*". You were French, immoral, and loose. From what you were singing you must also have been me, or my mother.' The patient gave further associations in a letter written two days later: 'I must write to add what I know I did not include in the dream. The woman was diseased, venereal or leprosy—also infectious, and the skin was white like your skin, like camelias. I tell myself this and try to convince myself it is not like funeral or wedding flowers. They are a carnage. I think of my mother after she died. Perhaps when much affected one feels she is placing a spell by thinking a thing and in wishing a mother dead; one killed her. Once was enough without doing so to you. After all, the woman in the dream was a prostitute.'

In writing this sentence I had a pain in my heart for the first time in several days. I wish all social workers, teachers, and especially nurses, exploded and blown away.'

The meaning of the dream is clear. In reestablishing herself in her profession, the patient felt that she was competing not in a professional sense alone but also in a sexual way with her psychiatrist. If the psychiatrist were dead of heart disease like her mother, she could then be in her place surrounded by men. At the very moment when her hostile competitive attitude was becoming conscious, fear of retaliation and fear of loss of her psychiatrist's love overwhelmed her. As a punishment for her hostility, she identified herself with her mother who died of heart disease. A temporary relief from her cardiac symptoms came as a result of spontaneous insight into the sexually competitive meaning of the dream. With the complete confession not alone of her sexual rivalry with the psychiatrist but also of her death wish, intense fear of retaliation again caused momentary cardiac disturbance.

### *Discussion*

It is clear that the appearance of palpitation and extrasystoles in the patients we have described is connected with anxiety. What are the specific emotional situations with which this anxiety is connected?

An outstanding feature in our cases is the fact that the symptoms always appeared at a time in the analytic situation when the defenses had been worked through and the strong competitive attitude towards the parent of the same sex appeared. In each case our patients gave the impression that the parent of the same sex represented an overwhelming, fearful adversary with whom they had always unconsciously been engaged in a desperate struggle—a struggle which they wished to avoid at all costs because this parent was also unconsciously a loved person; in life they expressed this love in the form of a strongly submissive attitude. To submit rather than to fight was the keynote of their lives.

As the analysis proceeded to the exposure of the conflict

with the parent of the same sex, the patients were impelled towards a more active and aggressive attitude. This did not necessarily express itself directly in sexual competition, but the patients felt that they must prepare to engage in competition with a powerful rival. The active attitude, as the analysis brought it nearer to consciousness, was blocked for the following reasons: (1) the competitive aggressive attitude aroused too much guilt, and the punishment for such hostility was often expressed by means of identification with the cardiac symptoms of the parent; (2) the competitive urge threatened dependence upon the loved parent and aroused fear of losing the parent's love. This strong attachment inhibited the patient's flight.

Identification with a parent of the same sex who had cardiac symptoms has been mentioned as a feature of three of our four cases, and in two cases which Dr. Thomas French mentioned to us in a verbal communication. The ambivalence in our patients expressed in the identification with the heart symptoms of a parent is characterized by the dominance of the unconscious love for the rival parent, and dependence upon him, as opposed to concomitant hostility. Although functional cardiac symptoms also occur when neither of the parents have had heart disease, cardiologists have long noted the frequency of their incidence in relatives or close associates of patients with cardiac neuroses. However, although our patients identify with the parent's heart disease in connection with a specific emotional situation, they do not have the same symptoms as the parent. For instance, the business man (first case) whose father had died of a coronary attack and who previously had suffered with angina pectoris had palpitation and extrasystoles. The onset of such cardiac symptoms mobilizes hypochondriacal fear which then contributes further to the anxiety and is used by the patient as a rationalization for the anxiety.

Upon going over the case records summarized in the paper of Wittkower, Rodger and Wilson (18) we observed in the majority of them the following similarity to our own patients:

when an increased competitive drive was demanded of these individuals, they were unable to direct aggressive energy toward the competitive goal, and instead of being vented in actual muscular activity the stimulated energy apparently was transformed into cardiac symptoms. Especially in Group I, there was a 'fear of showing fear', and it would seem that the superego conflict apparently blocked the impulse towards flight as well as the impulse to fight.

Wittkower and his associates (18) emphasize the strong sense of morality, religion, conscience and duty found in so many of their effort syndrome patients, and contrast the stern, religiously moral type with the colitis type whose conscience demands overcleanliness, and the peptic ulcer patients who are conscientious about earning their 'bread and butter'.<sup>2</sup>

Palpitation is a biological manifestation of fear in the face of danger. The increased pulse rate and intensified heart action make the individual subjectively aware of the increased activity of the heart. Situations which produce palpitation involve an immediate urge to activity and at the same time fear of it. Common examples are: palpitation experienced upon receiving a rebuke from one's superior, taking an examination, going to a forbidden amatory rendezvous and the like. In all of these situations the individual is driven by his active, ambitious attitude into an apparent danger which at the same time he feels an urge to avoid. His flight is blocked.

Our patients react to competitive situations similarly. The competitive activity, if it had been carried out, would normally have been discharged in muscular movement; instead, it appeared in the form of cardiac responses. Their analyses

<sup>2</sup> Connected with the effort syndrome, they found breathlessness and depression very frequently present. Respiratory illness was frequently associated with onset of cardiac symptoms. We believe it is possible that the breathlessness and respiratory symptoms are associated with fear of separation from an object upon whom the patient is dependent, and the depression may be connected with guilt over hostility to the loved person. See French, Thomas M., and Alexander, Franz et al.: *Psychogenic Factors in Bronchial Asthma*. Psychosomatic Med. Monograph, IV, 1941.

pointed clearly to the origin of the conflict in the oedipal situation. While all of our cases experienced extrasystoles as well as palpitation, it is not clear just why extrasystoles occur in the specific emotional situation described; perhaps further physiological studies may throw light on this question.

In the psychoanalytic treatment the dangerous situation had to be faced, and when the relation between the symptoms and the emotional situation became clarified, the symptoms improved.

It is interesting to compare our cases of palpitation and extrasystoles with hypertensive cases studied psychoanalytically at the Chicago Institute for Psychoanalysis. The hypertension cases appear to be fixated at a constant, strongly rebellious attitude towards the rival parent. As Dr. French has stated, they appear to be fixated on an obstacle which prevents them from approaching their goal, but from which they cannot retreat. In the hypertensive cases, the emphasis is on rebellion as a protest against a strong unconscious passive submissive attitude. By contrast our patients suffered from palpitation when they were much nearer to tackling the competitive situation but were inhibited at the point of expressing competitive hostility.

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# PHYSIOLOGY OF BEHAVIOR AND CHOICE OF NEUROSIS

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It is an old and often repeated observation with which all analysts are familiar that a dream will frequently anticipate the onset of a somatic symptom or even of an organic illness. As an example I may cite from one of our asthma patients a dream which Dr. Helen McLean has placed at my disposal.

The patient, a forty-six-year-old, rather inarticulate laborer, had just started an analysis for bronchial asthma. The following dream was reported in the twelfth hour of his analysis and was probably a reaction to the analyst's first interpretation of a dream in the tenth hour.

'I can't remember it. It was about father and mother. It seems mother was doing blacksmith work. She had hot iron and was hammering.'

When the analyst reminds him that his father was a blacksmith, he adds a few details.

'Father was also in the dream but not so clear as mother. He was standing at the side of the shop—kind of dark. I plainly see my mother. She had hot iron and working at it, flattening it out and bending it, doing clean work, good job too.'

In association he protests that his mother never did any blacksmith work although she sometimes came to the door of the shop.

Corresponding to the patient's inarticulate character, he is quickly through with his associations, so the analyst tries to help him out. She suggests that perhaps she seems like a woman doing a man's job.

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It seems quite certain that the analyst is right. Probably the patient was somewhat disappointed at being assigned to a woman analyst but he has evidently been quite fascinated by the analyst's interpretation of his dream a few days before and is beginning to feel that she can do as good a job as if she were a man. He does not reply to the analyst's comment but continues to dwell admiringly upon the details of the mother's work in his memory of the dream:

'Father was standing on one side. Mother took the iron out of the fire, performing the work on it—a long piece of heavy iron.'

The iron resembled an iron used on locomotives to pull out clinkers. The mother was shaping it. There was a hook on the end of it.

If the mother's beating an iron bar on the anvil represents the patient's treatment, it would seem that the patient must be thinking of himself as the bar that is being beaten and bent. The analyst comes to this conclusion and remarks that if she is bending the patient like iron, he must be afraid. He partially confirms this interpretation. He agrees that he really is afraid of the analysis. He does not know what it is all about and feels helpless because he is in the dark.

My particular interest in presenting this material consists in its relation to the sequel. This dream, as we have seen, pictures vigorous muscular activity on the part of the mother and seems to represent the patient himself as being beaten upon an anvil. It seems like a sort of continuation of the dream, therefore, when we learn in the next hour that two days later he developed lumbago, and in the fourteenth hour, a week later, he complained of a stiff neck so painful that he could talk of little else during the entire analytic hour.

There are three possible ways to explain the onset of these muscular and arthritic pains which occurred within a few days after this dream of violent muscular activity.

(1) It may have been merely a coincidence. The difficulty with this view is that 'coincidences' of this sort occur so frequently.

(2) Freud (1925) has pointed out that an inflammatory or other pathological organic process may be unconsciously perceived some time before the symptoms to which it gives rise are sufficiently acute to attract conscious attention. This suggestion is supported by a number of observations in which dreams have seemed to predict organic lesions that developed later but which at the time even careful medical examination was unable to discover.

(3) As a third possibility we may perhaps surmise that the violent activity in the dream may be reflecting some intense excitation in the muscles or in the associated nervous pathways corresponding to the wish to beat or be beaten of which the dream is an expression. The subsequent muscular and arthritic pains would in this case be at least in part the result of this intense functional excitation.

- In confirmation of this third possibility may be cited numerous dreams reported in the literature in which the dreamer awakened to find that he was acting out the impulse of which he had just been dreaming. Thus one might dream of a little boy masturbating and wake up to find that the dreamer was performing the act which his dream had attributed to the little boy; or he might dream that he was striking someone and wake up to find that he was beating the pillow. Some years ago Dr. Leon Saul (1935) collected a number of instances to show that symptoms that seemed to be psychogenic in nature are often the result of activities during sleep of which the dreamer only later becomes conscious. Instances like these are sufficiently numerous it seems, to warrant the assumption that activity represented in a dream is likely to indicate some sort of functional excitation or even activity of the organs that are involved in the dream activity and that subsequent symptoms involving these same organs will most probably be also the result of these functional excitations or tensions.

We seem justified, therefore, in the conclusion that the manifest content of a dream may be a very valuable indicator of physiological excitations and tensions corresponding to the wishes and impulses of which the dream is an expression. Indeed if we study the dream more carefully I believe that we

can go further than this. By careful study I believe it is often possible also to gain some indications of the shifts in the patterns of physiological tensions that have taken place during the dream work. Let us take again as an example the dream of the mother beating the iron bar.

We have not yet raised the question as to why Dr. McLean's patient should have come to his treatment with the expectation that it is the analyst's job to hammer him into shape just as his father used to bend iron bars upon the anvil. This seems indeed to be an exceedingly masochistic concept of the analysis and would seem to imply that the patient was suffering from a very great sense of guilt and need for punishment. We have not time in this short paper to give a very complete reconstruction of the latent content of this dream, but it will be of interest at least to make an attempt to trace the source of this sense of guilt.

We have not reported the content of the dream interpretation in the tenth hour for which this anvil dream of the twelfth hour expresses so much admiration. This patient's analysis had opened with a very considerable reluctance and embarrassment on the patient's part to bring into the discussion his discontent with his marital life and his great resentment of his wife whom he criticized as fat and exceedingly sloppy in her dress and in her housekeeping, and very neglectful of their two children.

The dreams reported by the patient in the tenth hour dealt with this embarrassment at complaining about his wife to another woman. In one dream fragment which was particularly embarrassing to him he was trying to avoid his wife in a railroad station and another lady was sympathizing with him and asking why he had married her. The analyst interpreted this dream as the fulfilment of a wish that she sympathize with him in his desire to separate from his wife. In the discussion which followed, the analyst had occasion to point out that the patient had really married his wife in the expectation that she would take care of him like a mother. Now in the analysis the patient was unconsciously hoping that the analyst would play



the mother rôle which the patient so missed in his wife's attitude towards him.

The patient must unconsciously have sensed in this interpretation an implication of sexual interest in the analyst inasmuch as the next day he stated that he never put any value in dreams and spent most of the hour protesting that he could not stand the idea of 'wives and mothers' talking about sex. However his dream in the twelfth hour reveals that this was only one-half of his reaction to the analyst's interpretation. Deeper down, he was much impressed.

It is now easier to understand why the patient felt the need to be beaten by the analyst.<sup>1</sup> Unconsciously he is intensely chagrined on account of the sexual interest which the analyst unconsciously awakens in him. The iron bar that is being beaten and bent is probably a symbol of his erect penis. Actually in his young manhood his choleric father had twice beaten him for his sexual activities, and in a dream much later in the analysis the patient himself is beating an iron bar which has the shape of a penis.

Let us now sum up the physiological implications of our reconstruction of the dream work. The dream seems to imply that the dream work started with sexual excitation, very probably an erection, associated with sexual wishes stirred up in the analytic situation. He reacts to this sexual excitation with intense guilt and develops an impulse to beat himself or be

<sup>1</sup> Analysts will recognize in this dream a still deeper source of the patient's need for punishment. Later in the analysis he recalled that his resentment of his wife had begun during his wife's first pregnancy and had become more intense during a second pregnancy and that its deepest root lay in jealous resentment of the wife's relation to the two children. One of the central themes of the analysis was in fact the patient's intense resentment of his mother's pregnancies (he was the eldest of six children) and his unconscious impulse to take the unborn child from the mother's body. It will be noticed that this wish is symbolized in the iron bar with a hook at the end to remove clinkers from a furnace. Physiologically interpreted this dream suggests that the mother is beating down his erect penis into a grasping hand—an interpretation which corresponds with his mother's actual attitude towards him, her sharp inhibition of his developing genital sexuality and her urge to keep him a child, at least in the sexual sphere.

beaten. This we suspect finds expression in some sort of tension or even activity in the muscles and in the associated nervous pathways. If we observe carefully, however, we note that this is not the final step in the dream work for the manifest content of the dream does not represent the patient as beating or being beaten but rather as watching his mother beat an iron bar. If we follow literally the physiological implications of this fact we must suspect that this projection involves a further displacement of excitation away from genital excitement, and from the impulse to muscular activity, to the visual apparatus. We might compare the significance of such a displacement to that of a man who inhibited his impulse to beat up someone and attempted to relieve the tension by going to see a movie that was characterized by a good deal of violence.

You will perhaps ask me how literally I am inclined to accept this physiological reconstruction. Do I believe that the dream work was actually accompanied by physiological excitations and tensions such as I have described? If you ask my impression, I shall say that on the basis of the analysis of the interrelations between a great many dreams, I would be inclined to believe that the physiological reconstruction we have made would correspond roughly to the actual course of distribution and displacement of functional excitation during the dream work, but I must admit that without examination of a great deal more material than I can present in a short paper, I would be unable to prove it. Nevertheless I believe that there is a great deal of value in attempting to reconstruct the apparent physiological implications of our interpretations of dreams and other psychoanalytic material. The method as I have indicated by this example is to trace step by step the pathway from the wishes that motivate the dream to their expression in the manifest content of the dream and to pay careful attention to the organs or organ systems whose activity is implied in each of the steps of this process. We cannot perhaps be sure that what comes out will correspond in all details to the actual patterns of physiological excitation that accompanied the dream work but I believe we have sufficient reason to suspect that it will

have a fairly close relation to these physiological patterns and that it can form a good basis for further investigation (by comparison with other dream material of the same patient and by physiological experimentation, etc.) to test the rough hypotheses derived in this way.

Analysts will notice that what I am here proposing is merely an attempt to develop in very explicit form a procedure which analysts have long used in terms of Freud's original libido theory. We have long been accustomed to attempt to explain numerous psychological mechanisms by displacement of libido from one organ of the body to another. My only innovation in this procedure is to discard as unimportant the old and meaningless controversy as to whether the energy that is shoved about in these displacement processes is of a sexual nature or not. I think it is much more important to recognize that these displacements of energy are really of functional significance. As a matter of fact every integrated activity involves the functional excitation now of one organ, now of another, according to the particular pattern of the activity. One moment we are looking, another we are thinking, and then there may be motor discharge. I believe it is introducing entirely unnecessary confusion to conceive of these 'displacements of energy', when we encounter them in the dream work, as some sort of mysterious displacements of libido.

One of the most reliable ways of testing such hypotheses as these concerning the physiological excitations accompanying the dream work is by noting how far somatic symptoms that develop in the course of a psychoanalytic treatment correspond to what we might have expected from our physiological reconstructions. We have already discussed one example of such a correlation in noting that the forcible activity pictured in this anvil dream was followed within a few days by severe pains in all the muscles of the patient's body.

In fact, observations of this kind seem to suggest a very simple rule by which we may guess in many instances what organ will be chosen in a particular instance for the somatic discharge of an emotional tension. We are all familiar with

Stockard's experiments (1921) in which he demonstrated that developing organisms exposed to some more or less indiscriminate toxic agent would be most damaged at precisely those points that were developing most actively at the moment of exposure to the poison. A similar principle<sup>2</sup> would seem also to hold in our problem: symptoms resulting from the frustration of an activity are likely to involve especially the organs which are most active or most under tension at the moment of frustration. This principle is well illustrated in our reconstruction of the 'anvil dream'. Our hypothesis in this case was that the dreamer was activated by a strong impulse to violent muscular activity but that the manifest content of the dream seems to represent an attempt of the dreamer to withdraw energy from these impulses to muscular activity and to content himself with a visual picture of the activities to which he is impelled. The attempted displacement to the visual apparatus already indicates an energetic effort to inhibit muscular discharge. In accordance with the principle just formulated we should expect that symptoms developing at this time would involve the organs whose activity is being with difficulty inhibited—in this case the muscles and joints—and this proves in fact to be the case.

By contrast it will be of interest to describe a rather similar physiological pattern that seems to be followed regularly not by muscle and joint pains but by severe frontal headache. The physiological pattern, in these cases also, involved the displacement of excitation away from energetic muscular impulse to visual and intellectual activity; but in the cases to be cited the inhibition of muscular discharge is much more complete. In the dream that we have just cited the patient seemed to be trying to satisfy his own need for violent activity by observing the violent activity of someone else. In the instances about to be reported the inhibition of motility has gone much further. Instead of observing an active figure, the patient is

<sup>2</sup> I believe that this principle which is already implicit in Freud's early papers, has been somewhere explicitly formulated, but I have been unable to find the reference.

fascinated by a motionless figure. The need for activity is not only projected; it is also denied. In accordance with our principle to expect the somatic symptom in the organ that is most under tension, we find that in these cases the patients develop a headache.

I am sorry that time permits me to report the examples of this pattern only in anecdotal form.

A young man reports a dream which consists merely in a picture of female genitals with a penis. While discussing this dream in the analysis the next morning the patient develops an intense frontal headache which continues for several hours. Associations to this dream indicate as usual that the dream is a defense against the feminine wish to be attacked sexually, a wish which is associated with a fear of castration. It will be noted that the feminine wish and castration fear in this dream are both projected and energetically negated. The patient is merely observing a female genital which has a penis. Both the projection and the denial are achieved by the substitution of a visual image. Correlating with this intense fixation upon a visual image, the patient develops a headache.

A young professional woman was much disturbed by a conflict of loyalty between a male and female professional colleague, to both of whom she was much attached. The material at this time was obscure but later material made it plain that she was disturbed both by sexual desires towards the man and by wishes to harm the woman. In the midst of this conflict she devoted herself intensely for a few hours to study in preparation for a lecture which she was giving that afternoon. During this time she developed a violent frontal headache which continued during the lecture and was not relieved until some time the next day. In this instance we see an energetic urge to distract interest from an intense emotional conflict. The method in this case is to become absorbed in intellectual activity. The result is a headache.

A young woman dreams of seeing a woman who is fascinated and petrified by the sight of a huge negro man. The negro though motionless seems about to attack her. While discuss-



sing this dream in the analysis the next day she develops an intense frontal headache. It will be noted that in this instance there is again a projection of the impulse to activity and an energetic denial of it.

It will be noted that the physiological mechanism implied in all these instances is one of attempting to distract energy from some conflict involving the need for energetic motor discharge by means of an intense intellectual preoccupation or visual fascination. In each of the two dreams cited we note that the implied activity has been completely 'frozen'. An immobilized visual image replaces the urge for violent activity. The emphasis upon visual excitation as contrasted with muscular activity is thus much greater than in the case of the anvil dream in which the patient is observing a scene of violent activity. In accordance with our principle, it seems consistent therefore that these patients should have developed severe headaches instead of muscular pains.

It is probable that in all of the instances cited so far we have pathological exaggerations of the normal alternation between thinking and activity that must play a very important rôle in the physiology of all kinds of behavior. By more careful and detailed study of such instances we might hope to work out the quantitative dynamic principles that regulate this normal oscillation between thinking and doing.

From our work at the Institute for Psychoanalysis we could cite a number of instances that seem to indicate the association of particular psychosomatic symptoms with rather specific patterns of distribution of physiological excitation in so far as these can be deduced from a reconstruction of the dream work.

One of the first examples was Alexander's (1935) demonstration of the frequency of dreams of unsatisfied desire for food in patients suffering from duodenal ulcer. It will be recalled that Alexander (1934) calls attention to the literature which cites physiological evidence of increased nocturnal gastric secretory activity in these cases as well as experimental production of ulcers by holding food just outside of an animal's reach.

In our study of the psychogenesis of asthma attacks (1939), we were struck by the reciprocal relations between asthma and crying. It appeared that the asthma attack was very often a sort of substitute for a suppressed cry. Interestingly enough the dreams of these patients very frequently represented the patient as talking. The talk usually had the meaning of an attempt to seek reconciliation by confession to a mother figure from whom some forbidden impulse threatened to estrange the dreamer. If the danger of estrangement of the mother figure were too great to be quieted in this way, the patient usually awoke with an attack of asthma. We note here again an example of the principle that the psychosomatic symptom involves the organ active at the time of frustration, in this case the respiratory apparatus involved in talking and crying.

I could cite still other examples but shall postpone discussion of them until the publication of the Chicago Institute studies upon which they are based.

In conclusion, I should like to bring these observations into relation with the wider field of psychosomatic research. At the present time an enormous amount of work is being done in the attempt to bridge the gap between the physiologist's detailed knowledge of the mechanisms of isolated reactions and the psychologist's attempts to work out the motivations that determine the larger patterns of behavior viewed as a whole. The two methods of research may be compared to two groups of workmen together engaged in the building of a tunnel under a river but starting from opposite ends. The physiologists are doing valiant work trying to piece together a detailed physiological mechanism in order to build up a synthetic picture of integrated behavior as a whole. Those of us at the psychological end, as in the present study, must seek to extract from our psychological material as many hints as possible as to the physiological mechanisms and dynamic principles involved in the translation of motives into action. Sometime in the future we hope to meet somewhere under the river.

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## MICROPSIA

BY LEO H. BARTEMEIER (DETROIT)

The term micropsia is frequently used in the ophthalmological and neurological literature to describe a symptom which may occur in such conditions as choroiditis, retinitis, tumors of the temperosphenoidal lobe and hysteria. In the standard textbooks on diseases of the eyes, micropsia is defined as that condition in which objects appear removed in space and reduced in size. We shall see later that this definition is inadequate for the same phenomenon when it appears as a neurotic symptom. The occurrence of micropsia has been attributed to paresis of the accommodative function and to circulatory changes in the retinas or the optic brain centers.

In a brief article entitled *A Psychoanalytical Explanation of Micropsia*,<sup>1</sup> W. S. Inman writes about two boys who experienced this visual disturbance in connection with objects which symbolized the mother. Both patients had been nursed for excessive lengths of time and says Inman, 'whether oral fixation is responsible for every case of micropsia must be left to further investigation'. He expressed the opinion that 'transient micropsia is probably dependent upon some vagary of the intrinsic muscles of the eyes'. With this one exception no previous detailed investigation of hysterical micropsia has been reported in the literature.

In defining micropsia as a neurotic manifestation, I wish to emphasize the importance of the sensation of motion experienced during the occurrence of this symptom. As the patient stares at another person that person and subsequently all other objects in the visual field appear to be moving into the distance and simultaneously becoming smaller and smaller until everyone and everything is pin-point in size. When micropsia

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<sup>1</sup> Inman, W. S.: *A Psychoanalytical Explanation of Micropsia*. Int. J. Ps., XIX, 1938, pp. 226-228.

is a symptom of organic disease, objects at once appear to be at a greater distance and smaller than they are in reality.

The micropsia of a case to be described had never endured more than a few moments. This differentiated it from the micropsia of organic disease which is a more constant and persistent phenomenon. The fact that the patient continued to see objects as if they were far removed and markedly diminished in size even after she had closed her eyes also indicated that the micropsia was not due to an optical disorder but was an expression of her affects.

Confining the biographical data to those which relate to the origin and the significance of the micropsia in the life of the case, the patient was a twenty-eight-year-old married woman, whose husband was eleven years older than herself and whose infant daughter was three and a half months old at the time she came for treatment. After the birth of her daughter she began to suffer from a tightness in her throat which interfered with her speech because she was afraid that in talking she might choke to death. She also complained that her eyes burned, that they felt crossed and strained and that she was unable to look at another person when she was spoken to. She had lost interest in others, blamed herself for her illness, had severe insomnia, felt hopeless and depressed. These were the symptoms which brought her to treatment.

She was the second child in a group of four siblings, in a middle class family of German extraction. In contrast to her sister who was seventeen months older and who fought openly with the mother, the patient was an unusually well-behaved child, very inhibited in her speech, and unfavorably endowed compared with her superior sibling. Her mother had nursed her seventeen months and had sometimes remarked to friends and relatives that the patient was so fat because she had taken the milk which should have been given to her sister, the mother having had to wean the latter when she became pregnant with the patient. Her mother also related that the patient used to love to nurse and had often bitten



her breasts. This history of an unusually long nursing period corresponds with the two cases reported by Inman.

The patient had a brother five years her junior and a second brother who was born when she was ten years old. At the time of the latter event the patient felt ashamed of her mother, hated her father, was not allowed to come near the newly born child and was made to be very quiet about the house for several weeks afterwards. Unobserved by others, she secretly found her way to his crib and delighted in pinching him because, she said, he was so soft. The birth of this sibling had momentous effects because it revived the hostility she had experienced at the birth of her brother who was five years younger. Her death wish against her mother and brother was revived in her first dream in the analysis in which her husband and infant daughter were both dead. During her pregnancy she identified herself with her mother and her unborn child with her sibling, and she often pinched her abdomen as though to destroy the child whose birth had caused her such intense unhappiness. During her pregnancy, she often fantasied that her child would not live and that she and her husband would then take a pleasure trip together. She made no preparation for the birth of her daughter because she did not expect the child to live.

The micropsia first occurred when she was ten years old and a short time after her brother's birth. She recalled that it had happened at school. She was listening to a long drawn-out story by a woman teacher whom she hated because she favored the patient's playmate, a girl one year her junior. As she continued to stare at the teacher, the teacher and then all other objects in the room appeared to be moving into the distance until they seemed very far away and pin-point in size. The patient became frightened and overcame this distortion by looking at the dorsum of her right hand which she held near her eyes.

We observe three separate events in this experience. At first the hated mother figure was removed from the immediate surroundings to a point at which she almost vanished. The

patient then developed anxiety because of the possibility of losing her altogether and she brought her back by looking at a part of herself. It is noteworthy that whenever the micropsia recurred the patient invariably experienced the same feeling of fright and always overcame it by the same act of looking at the back of her right hand at close range.

After its onset at the age of ten, the micropsia occurred frequently and irregularly during the subsequent years and although the patient worried about it considerably she never spoke about it to anyone. This keeping it a secret was like her masturbation about which she also worried. Routine eye examinations by the school physician during those years never resulted in her being referred to an oculist and the patient herself always thought she had good eyesight. As she grew older the micropsia occurred less frequently and gradually she experienced it only at rare intervals.

During her analysis, a careful study of her sight, ocular muscle balance, intraocular tension, visual fields and retinas revealed no pathology. She had a low refractive error of insufficient degree to require correction.

The patient felt rejected by her mother who spent much time away from home and left most of the responsibility of raising her children to servants and relatives. As a child she envied the affectionate relationships which her playmates had with their mothers and her most bitter complaint was that when she talked to her mother she never seemed to pay attention to her: 'Her mind seemed to be far off; she would look into space. She appeared not to be interested in what I had to say.' During analysis the patient discovered that her own inability to look at other women when they were talking to her, and her lack of interest in what they were saying was an unconscious revenge for the hurts she had suffered as a child.

The patient's sister had a strabismus about which the mother was considerably concerned. When the patient became angry with her sister she often expressed her rage by looking cross-eyed and on these occasions her eyes subsequently felt strained. Her mother threatened her that she might develop the same

defect with which her sister was troubled. At the movies the patient became afraid for her own eyes when she saw a comedian whose entertaining ability depended principally upon his marked strabismus.

The patient's mother had a fiery temper and whenever she became angry with her or her sister the patient was especially terrified by the wild look in her eyes and the fierce expression of her countenance. Being inhibited in her speech and physically inferior to her sister, the patient was no match for her when they quarreled. She possessed one device, however, which often proved an effective weapon. She frightened her sister, as her mother had frightened her, by making horrible faces, growling like a bear and using her hands in a gesture of clawing. Upon looking into the mirror on those occasions, the patient herself was frightened and her fear was intensified by her mother's threat that her face might remain distorted that way. Similarly, whenever she experienced micropsia she always became afraid that her eyes might not resume their normal functioning.

Thus we see what an important rôle eyes had played in the life of this patient before the onset of the micropsia. Prior to the first appearance of the symptom, we observe that the patient often used her eyes to frighten her sister and that she had been repeatedly threatened by her mother that because she used her eyes as weapons they would be damaged. A belief of the patient that following the birth of her youngest brother the life went out of her mother's eyes and that they became expressionless and dull can only mean that she had turned her mother's threat that her eyes would lose their power, back upon the mother herself. A short time later she first experienced the micropsia.

In this symptom her oral impulses which had been repressed were displaced and discharged through her eyes. The original aim of the sadistic impulse in the micropsia was to kill with her stare. This was enacted through the subjective experience of banishing and diminishing the object almost to the point of extinction. During analysis the patient once remarked

that when she was able to verbalize her hatred she could feel the daggers shooting out of her eyes. Although her illusory removal of the other person was a mild form of death, it had another equally important and opposite meaning: it was also a defense against her destructiveness. In removing the object to a distance she protected it from being destroyed. She transferred it to a point of safety from her impulse. That her symptom represented this protection of the object was indicated by her statement that she sometimes experienced a momentary sense of relief from mounting tensions existing immediately preceding the occurrence of the micropsia.

In her psychosexual development her œdipal wishes were deeply tinged with oral destructiveness. She indulged in frequent clitoris masturbation from the age of eight until after marriage, and menstruation was not established until her seventeenth year. At the age of nine she often observed her father and uncle pinch the breasts and buttocks of her mother and aunt and she felt intensely aroused in her clitoris. When later she pinched her own child's cheeks or buttocks she experienced identical feelings of sexual excitement. We see that she identified herself with the pinching father and uncle. Pinching was a thinly disguised expression of her oral sadistic impulse and it was accompanied by strong erotic sensations.

The sharp ambivalence she manifested derived from the exceptionally long nursing period during which she had excessive gratification in sucking and biting. At a time when she should have been chewing and biting solid food her oral sadism was reinforced through the continued breast feeding. This ambivalence persisted in kissing which for her was accompanied by a fierce impulse to hurt that she found it necessary to restrain. This combination of hurting and protecting the object was characteristic of the micropsia.

During analysis she recalled her childhood disgust for warm milk and particularly for the skin of the milk which she sometimes inadvertently took into her mouth and which she said felt repellently soft. While recalling this she suddenly saw the nipple of her mother's breast, the lumps in hot cereal

which also had the same quality of softness as the nipple, and the skin of her husband's penis. She then became aware that her aversion to being kissed had been based upon the association of her husband's tongue and saliva to her mother's breast and milk. When this defense against her oral-erotic wishes had been uncovered she mentioned that when she saw beautifully curved finger nails on the hands of other women she wanted to suck them. These facts made it clear that the meaning of her difficulty in looking at another woman when she was spoken to was a defense against her desire to nurse. In these situations her eyes functioned as intaking organs and language had the significance of breast milk.

Unconsciously she identified herself with her father and her younger brother and in her relationships with men she clearly manifested the revengeful attitude so well described by Abraham. In late adolescence she felt ill at ease in the presence of boys and went about with those whom she regarded as weaker than herself. She found considerable satisfaction in enticing men and then denying them any intimacies. After a courtship of five years she married an older man who was a friend of her father. Prior to marriage she thought him much like her father but she later found him to be cold and critical of her like her mother. In her sexual relationships with him she had severe vaginismus, was utterly frigid, and occasionally hurt him by pinching his penis.

With the birth of her daughter she became incontinent of both faeces and urine, refused to nurse the baby and entrusted its care entirely to an aged nurse whom she identified with the elderly woman who had attended to each of her brothers during their infancy. In her identification with her own child she revealed the extent to which she had wished to replace each of her brothers at the time of their births. Somewhat later when it became necessary for her to take care of her child, she regarded her as a hated rival and could scarcely restrain her murderous impulses.

The patient dreamed that she was pulling her baby in a cart along a steep hillside in the cold and the rain. The



cart slipped and the baby rolled down the hill to the edge of a deep hole. The patient went to her and she was tiny and scrawny like a newly born sparrow without feathers. The patient did not like touching her because she dreaded she would flutter in her hand like a moth or butterfly. As the patient brought her back to the hillside again the baby resumed her normal size.

The dream was directly related to fondling her husband's penis before sleep with the thought that it was ugly. As her husband kissed her body she had looked on coldly and with disgust. She recalled that in her childhood her brother was so fascinated by the softness of his pet rabbit that he had accidentally squeezed it to death. She had always hated to look at dead sparrows or live baby sparrows. The coldness and rain in the dream are expressions of her hostility which is expressed more openly in the central theme. She not only rids herself of her child but depreciates it by giving it the characteristics of an ugly newly born sparrow which she equates with the hated phallus. In the dream the baby rolling away from her and becoming tiny in size is also what happened to persons and things in the micropsia. Bringing the child back to its normal size was like that part of her symptom in which she restored objects in the outside world to their normal proportions.

The micropsia recurred on one occasion during the analysis under the following circumstances: the patient was feeling angry towards a man because he was refusing to accept some ideas her husband was expounding. In an effort to outdo her husband she attempted to explain the problem more clearly but was equally unsuccessful. In that moment she felt exasperated with him and as she stared at him he appeared to be moving away from her. She said he did not diminish in size because she quickly interrupted the symptom by looking at the back of her right hand. She added, 'Had I kept staring long enough and hard enough without blinking an eye he and everything else in the room would have become infinitely

small and far removed. I used to let it go on for a while and see how far it would continue but as everything got tiny I became frightened.'

In the situation I have described we see that the symptom was immediately preceded by the identical feeling of helpless rage she had experienced as a child when she made horrible faces at her sister. With the micropsia she overcame this feeling of helplessness by magic, illusory mastery of the object and simultaneously she found expression for her rage through removing him from her immediate presence. Her statement that had she 'kept staring long enough and hard enough without blinking an eye, he and everything in the room would have become infinitely small and far removed', gives some indication of the feeling of omnipotence she possessed in her eyes with which to alter painful situations in the outside world to suit her own needs. Her remark that she 'used to let it go on for a while to see how far it would continue' shows what pleasure she must have experienced in observing her own magic device.

From the evidence, it is concluded that micropsia is in this instance a conversion symptom originating in the prolongation of the nursing period and in a subsequent inability adequately to express intense aggressions. The intensification of her oral sadism required the formation of equally powerful defenses resulting in severe inhibitions of speech.

The mother's ability to frighten the patient with her eyes provided the pattern. Following these experiences the patient's eyes began to function as outlets for aggressions which had previously been blocked at the oral level. When the patient looked cross-eyed and made horrible faces her mother threatened her that her eyes would be damaged. The birth of her brother with its intensification of her hatred of her mother and its reinforcement of her oral desires was followed by the appearance of the micropsia. The symptom represented a compromise between her aggressive tendencies and the defense against them. The object moving into the distance

and becoming smaller signified both the effect of her aggression and the removal of the object beyond the carrying power of her destructiveness. Frightened by this removal she had to make another magic gesture. By looking at the back of her hand she restored the loved and hated object whom she feared she would otherwise lose entirely.

# THE SUCCESSFUL TREATMENT OF A CASE OF ACUTE HYSTERICAL DEPRESSION BY A RETURN UNDER HYPNOSIS TO A CRITICAL PHASE OF CHILDHOOD

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## *Events Which Led to the Attempt to Treat a Depression By Hypnosis*

An unusually capable twenty-three-year-old woman had been employed in a mental hospital for several months. Towards the end of this period she developed a progressively deepening depression. Later it became known that she had continued to discharge her duties fairly well for some weeks after a certain upsetting event; but that as time passed she had become increasingly disinterested and ineffectual in her work, slowly discontinuing all social relationships, and spending more and more time secluded in her room. At this point in her illness she ate only in response to her roommate's pleading, sobbed much of the time, occasionally expressed a wish to die, and became blocked and inhibited in speech whenever any effort was made to question her about her difficulties. During the latter part of this phase, the patient's symptoms became so acute that her relatives and friends sought psychiatric help.

The patient was seen by several psychiatrists, some of whom diagnosed her condition as the depressive phase of a manic depressive psychosis. A psychoanalyst and one of the authors, Dr. Erickson, believed it to be an acute reactive depression. Later evidence, which became available only as the story developed, indicated that it was a typical 'hysterical depression', that is, a depressive reaction growing out of a definite hysterical episode.

Several consultants were in favor of commitment. To this, however, the family of the patient would not consent, insisting that some form of active psychotherapy be at least attempted.

Accordingly, sympathetic and persuasive encouragement was tried. The patient responded to this sufficiently to appear slightly less depressed, and to return to her work in a feeble and rather ineffectual fashion; but she remained unable to discuss her problem.

This slight amelioration of her symptoms was sufficiently encouraging to warrant further efforts, yet was far from sufficient to free her from the danger of a relapse into deeper suicidal depression. Furthermore, the threat of commitment still hung over her head; therefore, with many misgivings the suggestion was made that she attempt psychoanalytic treatment. She showed some interest in this idea, and despite the fact that it is unusual to attempt analysis in the midst of a retarded depression, for a period of about a month she was encouraged to make daily visits to an analytically trained psychiatrist.

During this month, except for the fact that the analytic hour seemed to help the patient to make a better adjustment during the rest of the day, she made little progress, produced no free associations, related only a few fragmentary parts of her story, and usually spent the hour in depressed silence with occasional futile efforts to say something, or in sobbing as she declared that she did not know what awful thing was wrong with her or what awful thing had happened to her. Towards the end of the month she began to show signs of relapsing into an acute depression of psychotic intensity so that commitment seemed imperative.

In spite of these discouraging experiences, the family again asked that before resorting to commitment some other therapeutic measure be attempted. The suggestion that hypnotic therapy might be of value was accepted by her relatives, and plans were made for this *without the patient's knowledge*. At this point the patient's problem was referred to Dr. Erickson with the following story which had been pieced together by the various psychiatrists from the accounts of the patient's roommate, of her relatives, of a man in the case, and in small part, of the patient herself.



### *Clinical History*

The patient was the only daughter in a stern, rigid, and moralistic family. Her mother, of whom she always stood in awe, had died when the patient was thirteen years old. This had had the effect of limiting somewhat her social life, but she had an unusually close friendship with a neighbor's daughter of her own age. This friendship had continued uneventfully from childhood until the patient was twenty years old, three years before the date of the patient's illness.

At that time the two girls had made the acquaintance of an attractive young man with whom both had fallen in love. Impartial towards them at first, the young man gradually showed his preference for the other girl, and presently married her. The patient responded to this with definite disappointment and regret but quickly made an adjustment which seemed at the time to be unusually 'normal', but which in view of later developments must be viewed with some suspicion. She continued her friendship with the couple, developed transitory interests in other men, and seemed to have forgotten all feelings of love for her friend's husband.

A year after the marriage, the young wife died of pneumonia. At the loss of her friend the patient showed a wholly natural grief and sorrow. Almost immediately thereafter, the young widower moved to another section of the country, and for a time dropped out of the patient's life completely. Approximately a year later he returned and by chance met the patient. Thereupon their former friendship was resumed and they began to see each other with increasing frequency.

Soon the patient confided to her roommate that she was 'thinking seriously' about this man, and admitted that she was very much in love with him. Her behavior on returning from her outings with him was described by the roommate and by others as 'thrilled to the skies', 'happy and joyous', and 'so much in love she walks on air'.

One evening, after some months, she returned early and alone. She was sobbing and her dress was stained with vomitus. To her roommate's anxious inquiries, the patient answered

only with fragmentary words about being sick, nauseated, filthy, nasty and degraded. She said that love was hateful, disgusting, filthy and terrible, and she declared that she was not fit to live, that she did not want to live, and that there was nothing worth while or decent in life.

When asked if the man had done anything to her, she began to retch, renewed her sobs, begged to be left alone, and refused to permit medical aid to be summoned. Finally she yielded to persuasion and went to bed.

The next morning she seemed fairly well, although rather unhappy. She ate her breakfast, but when a friend who knew nothing of these events casually asked about the previous evening's engagement, the patient became violently nauseated, lost her breakfast, and rushed precipitously to her room. There she remained in bed the rest of the day, sobbing, uncommunicative, uncoöperative with a physician who saw her, essentially repeating the behavior of the previous evening.

During that day the man tried to call on her. This precipitated another spell of vomiting; she refused to see him. She explained to her roommate that the man was 'all right', but that she was nasty, filthy, disgusting and sickening, and that she would rather kill herself than ever see that man again. No additional information could be obtained from her. Thereafter, a telephone call or a letter from the man, or even the mention of his name, and finally even a casual remark by her associates about their own social contacts with men, would precipitate nausea, vomiting and acute depression.

To a psychiatrist, the man stated that on that evening they had gone for a drive and had stopped to view a sunset. Their conversation had become serious and he had told her of his love for her and of his desire to marry her. This confession he had long wanted to make, but had refrained even from hinting at it because of the recency of his wife's death and his knowledge of the depth and intimacy of the friendship that had existed between the two girls. As he had completed his confession, he had realized from the expression on her face that she reciprocated his feelings, and he had leaned over to

kiss her. Immediately she had attempted to fend him off, had vomited over him in an almost projectile fashion, and had become 'just plain hysterical'. She had sobbed, cried, shuddered, and uttered the words 'nasty', 'filthy', and 'degrading'. By these words the man had thought she referred to her vomiting. She refused to let him take her home, seemed unable to talk to him except to tell him that she must never see him again and to declare that there was nothing decent in life. Then she had rushed frantically away.

Subsequently, all efforts on the part of friends or physicians to talk to the patient about these events had served only to accentuate the symptoms and to evoke fresh manifestations.

### *Preparation for an Indirect Hypnotic Investigation*

Many hints from this story induced the investigator not to attempt to hypnotize the patient simply and directly. In the first place, there was the fact that she had rejected every overt sexual word or deed with violent vomiting, and with a paralyzing depression which practically carried her out of contact with those who had attempted to help her. She rejected the man so completely that she could not hear or mention his name without vomiting; and this reaction to men had become so diffused that she could not accept the ministrations of male physicians, but reacted as though they meant to her the same kind of threat her suitor had represented. She had been able to accept him only in a spiritualized and distant courtship, or when she was protected by the presence of her friends. It was evident that she would far too greatly fear direct hypnosis to submit to it.

She was moreover too deeply entrenched in the refuge of illness to fight energetically for health. She had no resources with which to struggle against her anxiety and depression, but at any signal collapsed deeper into illness. This gave warning that in the preliminary phases of treatment one would have to work completely without her coöperation, either conscious or unconscious, without raising the least flurry of anxiety, without making a single frightening or disturbing allusion to her

trouble, if possible without her even knowing that she was being inducted into treatment; and most important of all, without her feeling that the therapist (the hypnotist) was directing his conduct towards her at all. Whatever was going on in her presence must seem to her to relate to someone else. Only in this way could the treatment be undertaken with any hope of success. It should be recalled that even the passive, quiet, wordless, almost unseen presence of an analyst had been too great an aggression for the patient to accept, an intolerable erotic challenge, with the result that after a month she had sunk deeper into depression.

Accordingly, arrangements were made to have the patient's roommate confide to the patient that for some time she had been receiving hypnotic psychotherapy. Two days later the psychoanalyst approached the patient and asked her, as a favor to him in return for his efforts on her behalf, to act as a chaperone for her roommate in her regular hypnotic session with Dr. Erickson. This request he justified by the explanation that she was the only suitable chaperone who knew about her roommate's treatment, and that the nurse who usually chaperoned the treatment was unavoidably absent. The patient consented in a disinterested and listless fashion, whereupon he casually suggested that she be attentive to the hypnotic work since she herself might sometime want to try it.

By asking the patient to do this as a favor for him, the analyst put her in an active, giving rôle. By suggesting to her that she listen carefully because she herself might want similar help some time, he eliminated any immediate threat, at the same time suggesting that in some undefined future she might find it useful to turn to the hypnotist for therapy.<sup>1</sup>

<sup>1</sup> These two points are of special interest to analysts who are accustomed to demand of their patients an awareness of their illnesses and of the need for treatment, and an acceptance of the therapeutic relationship to the analyst. While this is a valid basis for therapeutic work with many of the neuroses it is an impossible goal in dealing with many neurotic characters and with those neuroses which are accompanied by severe affective disturbances, and with psychoses. The analyst who becomes too completely habituated to his own method may delude himself with the idea that his passivity is pacifying, and

### *The First Hypnotic Session*

Upon entering the office, the two girls were seated in adjacent chairs and a prolonged, tedious, and laborious series of suggestions were given to the roommate who soon developed an excellent trance, thereby setting an effective example for the intended patient. During the course of this trance, suggestions were given to the roommate in such a way that by imperceptible degrees they were accepted by the patient as applying to her. The two girls were seated not far apart in identical chairs, and in such a manner that they adopted more or less similar postures as they faced the hypnotist; also they were so placed that inconspicuously the hypnotist could observe either or both of them continuously. In this way it was possible to give a suggestion to the roommate that she inhale or exhale more deeply, so timing the suggestion as to coincide with the patient's respiratory movements. By repeating this carefully many times, it was possible finally to see that any suggestion given to the roommate with regard to her respiration was automatically performed by the patient as well. Similarly, the patient having been observed placing her hand on her thigh, the suggestion was given to the roommate that she place her hand upon her thigh and that she should feel it resting there. Such maneuvers gradually and cumulatively brought the patient into a close identification with her roommate, so that gradually anything said to the roommate applied to the patient as well.

Interspersed with this were other maneuvers. For instance, the hypnotist would turn to the patient and say casually, 'I hope you are not getting too tired waiting'. In subsequent suggestions to the roommate that she was becoming tired, the patient herself would thereupon feel increasing fatigue without any realization that this was because of a suggestion which had been given to her. Gradually, it then became possible for the hypnotist to make suggestions to the roommate, while

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may overlook the extent to which it may be an assault in terms of the patient's unconscious emotional reactions. The approach described above, therefore, is an illustration of a method whereby, under appropriate circumstances, these difficulties can be circumvented.



looking directly at the patient, thus creating in the patient an impulse to respond, just as anyone feels when someone looks at one, while addressing a question or a comment to another person.

At the expiration of an hour and a half, the patient fell into a deep trance.

Several things were done to insure her coöperation in this trance and its continuance, and to make sure that there would be opportunities to use hypnotic treatment in the future. In the first place, the patient was told gently that she was in a hypnotic trance. She was reassured that the hypnotist would do nothing that she was unwilling to have him do, and that therefore there was no need for a chaperone. She was told that she could disrupt the trance if the hypnotist should offend her. Then she was told to continue to sleep deeply for an indefinite time, listening to and obeying only every legitimate command given her by the hypnotist. Thus she was given the reassuring but illusory feeling that she had a free choice. Care was taken to make sure that she had a friendly feeling towards the hypnotist, and for future purposes a promise was secured from her to develop a deep trance at any future time for any legitimate purpose. These preliminaries were time consuming but they were vitally necessary for safeguarding and facilitating the work to be done.

It was obvious that the patient's problems centered around emotions so violent that any therapeutic exploration would have to be carried out in some wholly 'safe' fashion without provoking the least trace of guilt or fear. Such 'safe exploration' meant dealing with everything in such a way that the patient could escape all painful implications. The first maneuver was to lead the patient back to a childhood devoid of childhood pain.

Accordingly, emphatic instructions were given to the patient 'to forget absolutely and completely many things', carefully omitting to specify just what was to be forgotten. Thus the patient and the hypnotist entered into a tacit agreement that some things were best forgotten—that is, best repressed. Per-

mission also was thereby given to the patient to repress them without naming them. The exploratory process which lay ahead would be facilitated by this permission to repress the more painful things, since automatically it would be applied to those which were most troublesome.<sup>2</sup>

Next, the patient was systematically subjected to a gradual disorientation for time and place, and then gradually was reoriented to a vaguely defined period in childhood lying somewhere between the ages of ten and thirteen. The technique used is described in some detail in studies on the hypnotic induction of color blindness and of hypnotic deafness (1, 2). The hypnotist suggests first, a state of general confusion as to the exact day, carrying this over step by step to include the week, the month, and the year. Then this is elaborated towards an intensification of a desire to recall certain unspecified things which had occurred in previous years which also are left indeterminate. The process is a slow one and involves jumping from one confusing idea to another until out of the state of general confusion the patient develops an intense need for some definite and reassuring feeling of certainty about something, whereupon he becomes only too glad to accept definite reassurance and definite commands.

In reorienting the patient towards the age period between ten and thirteen, the hypnotist was careful to be extremely dogmatic in tone of voice, but equally vague and indefinite as to his precise meaning. The suggestions were given to the patient as though talking to someone else rather than directly to her. She was not told that she herself had to seize upon some meaningful event in those three years.

The years from ten to thirteen were chosen with the idea that they just preceded her mother's death, and that they must have included the period of onset of her menstruation and therefore have meant the critical turning point in her gen-

<sup>2</sup> Here again is an interesting and significant departure from analytic technique, in which the implicit and sometimes explicit challenge is to break through every repression. The rigidity with which this axiom of analytic technique is applied may account for some analytic failures, and also may be an example of conflict between research and therapeutic purposes.

eral emotional life and in her psychosexual development. Since nothing was known in detail about her life, the exact period of time to which she would finally become reoriented was left to the force of her own experiences.

She was at no time asked to name and identify specifically the age to which she became reoriented in the trance. By allowing her to avoid this specific detail, she was compelled to do something more important, namely, to speak in general terms of the total experience which those years had meant.<sup>3</sup>

Presently in her trance the patient showed by the childishness of her posture and manner, as well as by the childishness of her replies to casual remarks, that she had really regressed to a juvenile level of behavior. She was then told emphati-

<sup>3</sup> The search backwards towards reliving an earlier period in the life of a hypnotic subject occurs in either of two ways. First there can be a 'regression' in terms of what the subject as an adult believes, understands, remembers or imagines about that earlier period of his life. In this form of 'regression' the subject's behavior will be a half conscious dramatization of his present understanding of that previous time, and he will behave as he believes would be suitable for him as a child of the suggested age level. The other type of 'regression' is far different in character and significance. It requires an actual revivification of the patterns of behavior of the suggested earlier period of life in terms only of what actually belonged there. It is not a 'regression' through the use of current memories, recollections or reconstructions of a bygone day. The present itself and all subsequent life and experience are as though they were blotted out. Consequently in this second type of regression, the hypnotist and the hypnotic situation, as well as many other things, become anachronisms and nonexistent. In addition to the difficulties inherent in keeping hypnotic control over a total situation, this 'deletion' of the hypnotist creates an additional difficulty. It is not easy for the hypnotist to enter into conversation with someone who will not meet him until ten years hence. This difficulty is overcome by transforming the hypnotist into someone known to the patient during the earlier period, by suggesting that he is 'someone whom you know and like, and trust and talk to'. Usually a teacher, an uncle, a neighbor, some definite or indefinite figure belonging to the desired age period is selected automatically by the subject's unconscious. Such a transformation of the hypnotist makes it possible to maintain contact with the subject in the face of the anachronism mentioned above. Unfortunately many investigators of 'hypnotic regression' have accepted as valid that type of 'regression' which is based upon current conceptions of the past; and they have not gone on to the type of true regression in which the hypnotic situation itself ceases and the subject is plunged directly into the chronological past.

cally, 'You know many things now, things you never can forget no matter how old you grow, and you are going to tell me those things now just as soon as I tell you what I'm talking about'. These instructions were repeated over and over again with admonitions to obey them, to understand them fully, to be prepared to carry them out exactly as told, and she was urged to express and affirm her intention to carry through all of these suggestions. This was continued until her general behavior seemed to say, 'Well, for what are we waiting? I'm ready.'

She was told to relate everything that she knew about sex, especially in connection with menstruation, everything and anything that she had learned or been told about sex during the general period of this hypnotically reestablished but purposely undefined period in her childhood. It is fair to call this an 'undefined period in her childhood' because three or four years is indeed a long time to a child, and from among the many and diverse experiences of those years she was at liberty to select those things which were of outstanding importance. Had she been confined to a more restricted span of time she could have chosen inconspicuous items. Leaving her to select from within a certain broad but critical period in her life forced her to choose the important and painful items.

Up to this point the hypnotic procedure had been systematically planned, with the expectation that any further procedure would depend upon the results of these preliminary maneuvers.

To these instructions the patient reacted with some fright. Then in a tense and childlike fashion she proceeded obediently to talk in brief disconnected sentences, phrases and words. Her remarks related to sexual activity, although in the instructions given to her emphasis had been laid not upon intercourse but upon menstruation. The following constitutes an adequate account:

'My mother told me all about that. It's nasty. Girls mustn't let boys do anything to them. Not ever. Not nice. Nice girls never do. Only bad girls. *It would make mother*

sick.<sup>4</sup> Bad girls are disgusting. I wouldn't do it. You mustn't let them touch you. You will get nasty feelings. You mustn't let them touch you. You will get nasty feelings. You mustn't touch yourself. Nasty. Mother told me never, never, and I won't. Must be careful. Must go good. Awful things happen if you aren't careful. Then you can't do anything. It's too late. I'm going to do like mother says. She wouldn't love me if I didn't.'

Many of the remarks were repeated many times in essentially identical wordings. Some were uttered only once or twice. She was allowed to continue her recitation until no new material was forthcoming, except the one additional item that this moralistic lecture had been given by the mother on several occasions.

No attempt was made to introduce any questions while she was talking, but when she had ceased she was asked, 'Why does your mother tell you these many things?'

'So I'll *always* be a good girl', was the simple, earnest, child-like reply.<sup>5</sup>

Although it was clear, almost from the start, that the patient's passive and submissive dependence upon the mother's commands would have to be broken, it was equally evident that the image of the dead mother played a rôle in her life which overshadowed that of any living person and that this idolized superego figure could not be dislodged from its position by any direct frontal attack. For this reason, the hypnotist's stratagem was to adopt a point of view as nearly identical with the mother

<sup>4</sup> The phrase, 'It would make mother sick', may have had much to do with her illness: Mother had had intercourse and died. Her friend, who was a mother substitute, had intercourse and died. The same thing was about to happen to the patient. Mother has said it and it must be true. It is a child's passive acceptance of logic from the image with which it has become identified.

<sup>5</sup> Here is an important bit of profound unconscious psychological wisdom. The commands had been repeated incessantly in the patient's mind, whether or not in reality they had been repeated as incessantly by the mother. This repetition which is the essence of all neurosis (3) must occur because of the resurgent instinctual demands. Hence the patient indicates in the word 'always', her continuing secret insurrection against a continuing prohibition, and therefore her ever present state of fear.



as he could. He had first to identify himself entirely with this mother image. Only at the end did he dare to introduce a hint of any qualifying reservations. Therefore he began by giving the patient immediate and emphatic assurance: 'Of course you *always* will be a good girl'. Then in a manner which was in harmony with the mother's stern, rigid, moralistic, and forbidding attitudes (as judged from the patient's manner and words), each idea attributed to the mother was carefully reviewed in the same terms, and each was earnestly approved. In addition, the patient was admonished urgently to be glad that her mother had already told her so many of those important things that every mother really should tell her little girl. Finally, she was instructed to 'remember telling me about all of these things, because I'm going to have you tell me about them again some other time'.

The patient was gradually and systematically reoriented in terms of her current age and situation in life, thereby reestablishing the original hypnotic trance. However, the earlier instructions to 'forget many things', were still in effect, and an amnesia was induced and maintained for all of the events of the hypnotically induced state of regression. This was done in order to soften the transition from those early memories to the present because of the intense conflict which existed between the early maternal commands and her current impulses.

She was prepared for the next step, however, by being told that she would shortly be awakened from her trance and that then she would be asked some questions about her childhood which she was to answer fully. To have asked her in her ordinary waking state about her sexual instructions would have been merely to repeat the severe aggressions of all of her previous experiences with psychiatrists; but by telling her during her trance that questions about her childhood would be asked, she was prepared to take a passive intellectual attitude towards the demand, and to obey it without consciously admitting its connection with her present problems.

As a further preparation for the next step, she was told that

the nature of the questions to be asked of her would not be explained to her until she had awakened, and that until then it would suffice for her to know merely that the questions would deal with her childhood. Here again the hypnotist was governed by the basic principle of making all commands as general and nonspecific as possible, leaving it to the subject's own emotional needs to focus his remarks.

Finally, technical suggestions were given to the patient to the effect that she should allow herself to be hypnotized again, that she should go into a sound and deep trance, that if she had any resistances towards such a trance she would make the hypnotist aware of it *after* the trance had developed, whereupon she could then decide whether or not to continue in the trance. The purpose of these suggestions was merely to make certain that the patient would again allow herself to be hypnotized with full confidence that she could if she chose disrupt the trance at any time. This illusion of self-determination made it certain that the hypnotist would be able to swing the patient into a trance. Once in that condition, he was confident that he could keep her there until his therapeutic aims had been achieved.

Upon awakening, the patient showed no awareness of having been in a trance. She complained of feeling tired and remarked spontaneously that perhaps hypnosis might help her since it seemed to be helping her roommate. Purposely, no reply was made to this. Instead, she was asked abruptly, 'Will you please tell me everything you can about any special instructions concerning sexual matters that your mother may have given you when you were a little girl?'

After a show of hesitation and reluctance, the patient began in a low voice and in a manner of rigid primness to repeat essentially the same story that she had told in the earlier regressive trance state, except that this time she employed a stilted, adult vocabulary and sentence structure, and made much mention of her mother. Her account was essentially as follows:

'My mother gave me very careful instruction on many occasions about the time I began to menstruate. Mother impressed upon me many times the importance of every nice girl protecting herself from undesirable associations and experiences. Mother made me realize how nauseating, filthy and disgusting sex can be. Mother made me realize the degraded character of anybody who indulges in sex. I appreciate my mother's careful instruction of me when I was just a little girl.'

She made no effort to elaborate on any of these remarks, and was obviously eager to dismiss the topic. When she had concluded her account of her mother's teachings, they were systematically restated to her without any comment or criticism. Instead they were given full and earnest approval, and she was told that she should be most grateful that her mother had taken advantage of every opportunity to tell her little daughter those things every little child should know and should begin to understand in childhood.

Following this an appointment was made for another interview a week hence and she was hastily dismissed.

During the course of the following week, no new reactions were noted in the patient by her roommate and the general trend of her depressive behavior continued unchanged.

### *The Second Hypnotic Trance*

At the second appointment, the patient readily developed a deep trance and at once was instructed to recall completely and in chronological order the events of the previous session. She was asked to review them in her mind silently, and then to recount them aloud slowly and thoughtfully but without any elaboration.

Such silent review of a hypnotically repressed experience is a necessary preparation. It insures completeness of the final recall. It avoids uneven emphasis on separate elements in the recollection and distorted emphasis which the subject subsequently would feel the need of defending. It permits an

initial recall in silence without any feeling that in remembering facts the subject is also betraying them to someone else. This facilitates the reassembling of painful elements in the subject's memories. Finally, when the subject is asked to tell aloud that which has just been thought through in silence, it becomes a recounting of mere thoughts and memories, rather than the more painful recounting of actual events. This also helps to lessen the emotional barriers against communicating with the hypnotist.

As the patient completed this task, her attention again was drawn to the fact that her mother had lectured her repeatedly. Then she was asked, 'How old were you when your mother died?', to which she replied, 'When I was thirteen'. Immediately the comment was made with quiet emphasis, 'Had your mother lived longer she would have talked to you many more times to give you advice; but since she died when you were only thirteen, she could not complete that task and so it became your task to complete it without her help'.

Without giving the patient any opportunity either to accept this comment or to reject it, or indeed to react to it in any way, she quickly was switched to something else by asking her to give an account of the events which had occurred immediately after she had awakened from her first trance. As she completed the account, her attention was drawn to the repetitive character of her mother's lectures, and the same careful comment was made on the unfinished character of her mother's work.

It will be recalled that in the first day of hypnotic work the patient was brought back to an early period in her childhood and in this pseudoregression was asked to give an account of the sexual instructions her mother had given her. Then through a series of intermediate transitional states she was wakened, and in her waking state was asked to give an account of the same instructions, but with an amnesia for the fact that she had already told any of this to the hypnotist. In the second hypnotic treatment up to this point, the patient was promptly

hypnotized and the posthypnotic amnesia for the first hypnotic experience was lifted so that she could recall all of the events of her first trance. Then she was asked to review the material which she had discussed immediately after awakening from the first trance, in short, her conscious memories of her mother's puritanical instructions. By reviewing in a trance both the events of her previous trance and the events that had occurred immediately on her waking from this trance, a direct link was established between the childhood ideas and affects and those of the previous week's adult experience. Thus the two could be contrasted and compared from her adult point of view.

The patient then was reoriented to the same period of early childhood. She was reminded of the account she had given before and was asked to repeat it. When she had done so, in terms essentially identical with those she had used in her original account, similar approving remarks were made, but this time so worded as to emphasize sharply the fact that these lectures had all been given to her in her childhood. When this seemed to be impressed upon her adequately, the suggestion was made quietly that as she grew older, her mother would have to give her additional advice, since things change as one grows older. This idea was repeated over and over, always in conjunction with the additional suggestion that she might well wonder what other things her mother would tell her as she grew older.

Immediately after this last suggestion, the patient was brought back from her pseudochildhood to an ordinary trance state. She was asked to repeat her account of the remarks she had made in the waking state. She was urged to take special care not to confuse the words she had used when fully awake with the words of the account she had given in the first pseudochildhood trance state, even though the ideas expressed were essentially the same, and even though she had both accounts freshly in her mind. This request constituted a permission to remember now in an ordinary trance the events of the second pseudochildhood trance, since this had been merely a repetition of the first, but the fact that there had been a second trance



of this kind would not be recalled. Instead, the two trances would be blended into a single experience.

As before, the purpose of these devices was to bring gradually together the child's and the adult's points of view. Into her childhood perspective an element of expectation and of wondering had been introduced by the comment that as she grew older her mother would have had more to teach her. This now, was ready to be brought to bear upon the adult version of her mother's instructions which she had also given.

The blending of the two experiences served an additional technical purpose. In the first place, repetitions are necessary under hypnosis, just as they are in dream analysis or in the recounting of experiences by patients under analysis in general. Without repetitions one cannot be sure that all of the material is brought to expression; moreover, allowing the subject under hypnosis to recall both the original version and the various repetitions as though they were a single occasion, actually gives the subject something to hold back, namely, the fact that there were two or more experiences. This seems to satisfy the subject's need to withhold something, by giving him something unimportant to withhold in return for the important fact which is divulged. This the hypnotist can well afford to do, just as one can allow a baby to refuse to give up a rattle when he has already given up the butcher's knife. The baby is satisfied and so is the parent.

As the patient concluded this task, her attention was drawn again to the period of her life in which her mother's lectures had been given, the repetitions of these lectures, their incompleteness, the unfinished task left to a little girl by her mother's death, and the necessity to speak to a child in simple and unqualified language before she is old enough for more complex adult understanding. Every effort was made to impress each of these specific points upon her, but always by the use of terms as general as possible.

Without giving the patient an opportunity to develop or elaborate these points, the suggestion was made that she might well begin the hitherto unrealized and unrecognized task of

continuing for herself the course of sexual instruction which her mother had begun but had been unable to finish because of her death. She was urged that she might best begin this unfinished task by speculating earnestly and seriously upon what advice her mother would have given her during the years intervening between childhood and adolescence, and between adolescence and adult womanhood. As she accepted this suggestion, it was amplified by additional instructions to take into consideration all intellectual and emotional aspects, all such things as physical, psychological and emotional changes, development and growth, and most important to give full consideration to the ultimate reasonable goals of an adult woman, and to do so completely, fully, freely and without fail, and to elaborate each idea in full accord with the facts appropriate to herself.

Immediately after this instruction was given, the patient was told that upon awakening she should repeat all of the various accounts she had given in this hypnotic session, preferably in their chronological order, or else, if she chose, in any other comprehensive form which she preferred. Thereupon she was awakened.

The patient's waking account was decidedly brief. She slowly combined everything which she had said into a single, concise story. Significantly, she spoke in the past tense: 'My mother attempted to give me an understanding of sex. She tried to give it to me in a way that a child such as I was could understand. She impressed upon me the seriousness of sex; also, the importance of having nothing to do with it. She made it very clear to me as a child.'

This account was given with long pauses between each sentence, as though thinking profoundly. She interrupted herself several times to comment on her mother's death, and on the incompleteness of her instruction, and to remark that had her mother lived more things would have been said. Repeatedly she said, as if to herself, 'I wonder how mother would have told me the things I should know now'.

The examiner seized upon this last remark as a point for

terminating the session and the patient was dismissed hastily. No attempt was made to guide her thoughts beyond the urgent instruction to speculate freely upon the things her mother would have told her and which she now needed to know. She was told to return in one week.

During this week the patient showed marked improvement. Her roommate reported 'some crying, but of a different kind', and none of the previous depressed behavior. The patient seemed rather to be profoundly self-absorbed, absent-minded and puzzled; and much of the time she wore a thoughtful and sometimes bewildered expression. No attempt was made to establish any contact with the patient during the week.

### *Third Hypnotic Session*

Promptly upon her arrival for the third session, the patient was hypnotized and instructed to review rapidly and silently within her own mind all of the events of the two previous sessions, to recall the instructions and suggestions which had been given to her and the responses which she had made, to include in her review any new attitudes which she might have developed and to give full and free rein to her thinking, and finally to summarize aloud her ideas and conclusions as she proceeded with this task.

Slowly and thoughtfully, but with an appearance of ease and comfort, the patient proceeded to review these events freely, briefly, and with no assistance. Her final statement summarized her performance most adequately:

'You might say that mother tried to tell me the things I needed to know, that she would have told me how to take care of myself happily and how to look forward confidently to the time when I could do those things appropriate to my age, have a husband and a home and be a woman who has grown up.'

The patient was asked to repeat this review in greater detail, in order to be sure that towards both her childhood and adult years she had achieved suitable adult attitudes. As these instructions were repeatedly slowly and emphatically, the

patient became profoundly absorbed in thought, and, after a short while, turned with an alert, attentive expression, as if awaiting the next step.

Instruction was given that when she awoke she was to have a complete amnesia for all three sessions, including even the fact that she had been hypnotized, with the exception that she would be able to recall her first stilted, prim, waking account. This amnesia was to include any new and satisfying understanding she had come to possess. She was told further that upon awakening she would be given a systematic review of her sex instruction as the hypnotist had learned about these matters from her, but that because of the all-inclusive amnesia this review would seem to her to be a hypothetical construction of probabilities built by the hypnotist upon that first waking account. As this occurred, she was to listen with intense interest and ever growing understanding. She would find truths and meanings and applications understandable only to her in whatever was said and, as those continued and developed, she would acquire a capacity to interpret, to apply and to recognize them as actually belonging to her, and to do so far beyond any capacity that the hypnotist might have to understand.

At first glance, it would seem strange to suggest repression of insight as one of the culminating steps in a therapeutic procedure. In the first place, it implies that much of the affective insight may either remain or again become unconscious without lessening its therapeutic value. Secondly, it protects the subject from the disturbing feeling that anyone else knows the things about her which she now knows, but which she wishes to keep to herself; hence the importance of the suggestion that she would understand far more than the hypnotist. Thirdly, by looking upon the material as a purely hypothetical construction of probabilities by the hypnotist, the patient was provided with an opportunity to recover insight gradually in a slowly progressive fashion as she tested this hypothetical structure. Had the same material been presented to her as definite and unquestionable facts, she might again have developed sudden repressions with a spontaneous loss of all insight. If

that occurred, the investigation would have had to be undertaken afresh. On the other hand, where a certain measure of repression is ordered by the hypnotist, it remains under his control, because what the hypnotist suppresses he can recover at will. Thus her degree of insight remained under full and complete control by the hypnotist, so that he could at any time give the patient full insight, or prepare her for it again. Finally, by depriving the patient temporarily of her new and gratifying insight, a certain unconscious eagerness and need for further knowledge was developed which assisted in the ultimate recovery of full insight.

When these instructions had been repeated sufficiently to effect a full understanding, the patient was awakened with an amnesia for all events except the stilted prim account which she had given at the end of the first therapeutic session. Reminding her of that account the hypnotist offered to speculate upon the probable nature and development of the sex instructions which she had been given. He proceeded to review all the material she had furnished in general terms that permitted her to apply them freely to her own experiences.

Thus the patient was given a general review of the development of all of the primary and secondary sexual characteristics: the phenomenon of menstruation, the appearance of pubic and axillary hair, the development of her breasts, the probable interest in the growth of her nipples, the first wearing of a brassiere, the possibilities that boys had noticed her developing figure and that some of them may have slapped her freshly, and the like. Each was named in rapid succession without placing emphasis on any individual item. This was followed by a discussion of modesty, of the first feelings of sexual awareness, of autoerotic feelings, of the ideas of love in puberty and adolescence, of the possible ideas of where babies came from. Thus without any specific data, a wide variety of ideas and typical experiences were covered by name. After this, general statements were made as to the speculations that might have passed through her mind at one time or another. This again was done slowly and always in vague general terms, so that she



could make a comprehensive and extensive personal application of these remarks.

Shortly after this procedure was begun the patient responded by a show of interest and with every outward manifestation of insight and of understanding. At the conclusion the patient declared simply, 'You know, I can understand what has been wrong with me, but I'm in a hurry now and I will tell you tomorrow'.

This was the patient's first acknowledgment that she had a problem and instead of permitting her to rush away she was promptly rehypnotized, and was emphatically instructed to recover any and all memories of her trance experiences that would be of use. By stressing in this way the fact that certain of those memories would be valuable and useful to her, the patient was led to view all of them as possibly useful, thus withdrawing her attention from any conflicting feelings about those memories. This assists in their free and full recovery by the patient. She was told that she should feel free to ask for advice, suggestions and any instruction that she wished, and to do so freely and comfortably. As soon as this instruction had been firmly impressed, the patient was awakened.

Immediately, but with less urgency, she said that she wanted to leave but added that she would first like to ask a few questions. When told that she might do so, the patient asked the hypnotist to state his personal opinion about 'kissing, petting, and necking'. Very cautiously and using her own words, approbation was given of all three, with the reservation that each should be done in a manner which conformed with one's own ideals and that only such amorous behavior could be indulged in as would conform to the essential ideals of the individual personality. The patient received this statement thoughtfully, and then asked for a personal opinion as to whether it was right to feel sexual desires. The cautious reply was given that sexual desire was a normal and essential feeling for every living creature and that its absence from appropriate situations was wrong. To this was added the statement that she would undoubtedly agree that her own mother, were she

living, would have said the same thing. After thinking this over, the patient left hastily.

### *Therapeutic Outcome*

The next day the patient returned to declare that she had spent the previous evening in the company of her suitor. With many blushes she added, 'Kissing is great sport'. Thereupon she made another hurried departure.

A few days later she was seen by appointment and held out her left hand to display an engagement ring. She explained that as a result of her talk with the hypnotist during the last therapeutic session, she had gained an entirely new understanding of many things, and that this new understanding had made it possible for her to accept the emotion of love and to experience sexual desires and feelings, and that she was now entirely grown up and ready for the experiences of womanhood. She seemed unwilling to discuss matters further, except to ask whether she might have another interview with the hypnotist in the near future, explaining that at that time she would like to receive instruction about coitus, since she expected to be married shortly. She added with some slight embarrassment, 'Doctor, that time I wanted to rush away. . . . By not letting me rush away, you saved my virginity. I wanted to go right to him and offer myself to him at once.'

Sometime later she was seen in accordance with her request. A minimum of information was given her and it was found that she had no particular worries or concern about the entire matter and was straightforward and earnest about her desire to be instructed. Shortly afterwards the patient came in to report that she was to be married within a few days and that she looked forward happily to her honeymoon.

About a year later she came in to report that her married life was all she could hope for, and that she was anticipating motherhood with much pleasure. Two years later she was seen again and was found to be happy with her husband and her baby daughter.

### *Summary and Discussion*

For special reasons the treatment of this patient had to be approached with many precautions. The circumstances of her illness made a direct approach to her problem (whether by a man or a woman) dangerous because such an approach invariably caused an acute increase of her panic and of her suicidal depression. She could be treated, if at all, only by creating an elaborate pretense of leaving her problems quite alone, without even letting her realize that any therapy was being attempted, without acknowledging the development of a relationship between the patient and the physician, and without open reference to the experiences which had precipitated her illness.

For these reasons, the treatment was begun by pretending to treat someone else in her presence, and through this means, she was slowly and gradually brought into a hypnotic state in which her own problems could be approached more directly.

From this point on the treatment proceeded along lines which are the reverse of the usual psychoanalytic technique. Some points seem to be worthy of special emphasis.

Instead of depending solely upon memory to recover important experiences out of the past, the patient under hypnosis was translated back to a critical period of her childhood, so that in this state she could relive or revive the general quality of the influences playing upon her, but without recapturing the details of specific scenes and episodes. Instead of stirring them up and making them conscious, there was a deliberate effort to avoid the induction of any feelings of guilt or fear. Similarly, instead of insisting upon total conscious recall, permission was freely granted to the patient to forget painful things, not only during but also after the hypnotic treatment. Underlying this permission to forget was the confidence that even those facts which were consciously forgotten could be recovered during the hypnosis when needed for therapeutic use, and that their therapeutic efficacy would continue even during the posthypnotic repression.

The hypnotist's attack on the patient's rigid superego was

interesting from various points of view. Particularly noteworthy, however, was the fact that the attack on the superego began with a complete support of all of the most repressive attitudes which the patient attributed to her dead mother. It was only by forming a bond in this way between himself and the mother that he was able later slowly to undermine the rigidity of this repressive figure and thus to penetrate the patient's tense and automatic defenses of her mother's dictates. Another significant point is the method used by the hypnotist to help the patient silently to assemble her ideas before communicating them. This seemed to assist materially in reducing the patient's fear of remembering presumably because it is not as difficult to recall embarrassing things which one can keep to one's self, as it is to bring them to mind with the knowledge that one must confess them at once; moreover, once such things have been reviewed in thought, it becomes easier to talk of the thoughts than it would have been to talk of the events themselves. This two-stage method of recalling and assembling data before communicating it might have its usefulness in analysis as well.

A point at which the work of the hypnotist coincides closely with that of the analyst is in the use of repetitions in many forms and at each age level investigated. This use of repetitions is quite similar to what is found to be necessary in analysis as well.

In understanding the course of this treatment and of the patient's recovery, there are many gaps in the material, gaps which could be filled in only by conducting a treatment of this kind in a patient who had been under a fairly prolonged analysis.

There are many questions we would like to have answered. Was the basis of the mother's overwhelming authority primarily affection or hostility and fear? Were the dead mother and the dead friend equivalent? If the hypnotist had said instead that he was the dear friend, and that as the dead friend he encouraged and approved of her love-making with the dead friend's husband (an equivalent of a mother telling her that

she could make love to her father), would this impersonation of the friend by the hypnotist have freed the patient from guilt feelings and from her hysterical depression without the induced regression to childhood? What was the mechanism of the cure? Was the hypnotist equated to her mother, and thus enabled to remove the mother's taboos? Or was the fiancé at first a surrogate father until the hypnotist took over the father's rôle, thus removing it from the man, and thereby making it possible for the patient to have an erotic relation with the man without a barrier of incest taboos? What was the rôle of her orality and its significance in relationship to the vomiting? In general, what was the rôle of all of those basic facts of her early life which must have determined the patient's relationship to her parents and to people in general?

The answers to these gaps in information is challenging, both from a theoretical and from a factual point of view. The knowledge of these facts is indispensable for an understanding of the structure of the illness and the dynamics of the recovery. But the fact that recovery could take place so quickly and without hospitalization, in face of the fact that there were so many things which the hypnotist never discovered and that the patient did not know, also has its important theoretical consequences. It faces us with the question: if recovery can take place with the gain of such rudimentary insight, what then is the relationship between unconscious insight, conscious insight, and the process of recovery from a neurosis?

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# THE PREDISPOSITION TO ANXIETY

## Part II

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### *Practical Considerations of Treatment*

In a previous paper, *The Predisposition to Anxiety*,<sup>1</sup> I advanced the tentative hypothesis that severe suffering and frustration occurring in the antenatal and early postnatal months, especially in the period preceding speech development, leave a heightened organic stamp on the make-up of the child. This is so assimilated into his organization as to be almost if not entirely indistinguishable from the inherited constitutional factors which themselves can never be entirely isolated and must rather be assumed from the difficult maze of observations of the genetic background of the given individual. I believe this organic stamp of suffering to consist of a genuine physiological sensitivity, a kind of increased indelibility of reaction to experience which heightens the anxiety potential and gives greater resonance to the anxieties of later life. The increase in early tension results in, or is concomitant with, first an increase in narcissism, and later an insecure and easily slipping sense of reality. I referred especially to the increase in the sense of omnipotence which may occur in a compensatory way to overcome or balance the preanxiety tension state of the organism, and to the increased mirroring tendency arising partly from the primary narcissism and partly from the imperfectly developing sense of reality. This increased mirroring tendency is the antecedent of the tendency towards overfacile identification of neurotic individuals, and in psychotics towards easy projection. I spoke also of the

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derivatives of omnipotence: the overvaluation of the power of the wish and belief in the magic of words. With all of these narcissistic weaknesses, the sense of reality is often very poor and even when it seems quite good, it may be facile rather than strong and break down readily under the fresh impact of anxiety producing situations of later life. Further, owing to the pressure of early tension and anxiety, the ego development is exceedingly faulty; libidinal attachments are urgent but shallow and the ego drives not well directed toward satisfactory goals. The patient is not well individuated and often gives the impression of being in too great a state of flux, with many interests, many attachments, with the libido quickly and urgently invested and withdrawn.

The main general considerations of the treatment of the severe neurotic or borderline states depend upon the characteristics of development described in my first paper. In order to organize my material, I shall discuss these problems of treatment from four main aspects: first, the handling of the overload of anxiety to produce an optimum state for the progress of the analysis; second, the education of the narcissism to better ego proportions; third, the analysis of the 'essential' neurosis; and fourth, the management of the residue of blind, unanalyzable anxiety which is present throughout the analysis and which continues to operate in the life of the patient after analysis. I use the term 'essential' neurosis here to differentiate those neurotic elements arising after the development of speech from the predisposing constitutional ones present before this landmark.

I would for the time being divide the overload of anxiety of the severe neurotic into three subdivisions: first, *the basic*,<sup>2</sup>

<sup>2</sup> I shall use the term 'basic anxiety' throughout the rest of this paper. In the first paper I used the term 'preanxiety' to designate the condition of heightened irritability arising before the dawn of speech and contributing to the later conditions which I am describing in this present paper. I feel justified in using the convenient term 'basic anxiety' as I am now dealing with the adult version of this earlier preanxiety—namely, the form in which it appears as anxiety, or at least amalgamated with anxiety from other sources. The question of the relationship of basic anxiety to the affect of anxiety is one which may well be considered, but cannot be dealt with in this paper.

*blind or amorphous anxiety* which is always present in some degree and may in moderation furnish some of the drive of life, but which may be so heightened and combined with the anxiety of fresh dangers as to constitute a serious menace; second the *anxiety arising in response to these fresh experiences of danger and frustration*; and third, the *secondary anxiety* arising out of the inadequacy of the neurotic defense and the additional dangers, real or illusory, following the production of the symptoms themselves.<sup>3</sup> What we term secondary anxiety is familiar enough in the form in which it appears in the malignant compulsion neurosis, in which the compulsions or obsessions appearing as defenses against the repressed erotic drives become themselves erotized and require a fresh line of defense to be erected in the form of new obsessional symptoms, until the patient is so involved in the complexity of his fortifications that the rest of life is virtually crowded out. At this stage a secondary atrophy of disuse (habit deterioration; functional dementia) finally occurs, and the end result may be not unlike the schizophrenic process. Although such a malignant development may occur in hysteria also, it is less frequent, less regular in its development and more dependent on the presence of a markedly increased predisposition to anxiety. This is to be expected on the theoretical grounds that the compulsion neurosis arises from trauma and fixation at an earlier level (and therefore closer to the factors producing basic anxiety) than is the case in the hysterical neurosis.

To illustrate the unhappy coöperation of the predisposition to anxiety with the anxiety of later life and finally with secondary anxiety, I shall describe a type of situation which I believe to be nuclear in the development of many severe neuroses.

If the traumata, distress or frustrations of the earliest months

<sup>3</sup> A simple form of this is evident in the crying fit. 'It causes disagreeable visceral sensations, perhaps also pains, and it can end in exhaustion. Even if it does not last that long it can be traumatic for the infant. During the screaming fit the infant is not responsive to any attempts to quiet it.' Benedek, Therese: *Adaptation to Reality in Early Infancy*. This QUARTERLY, VII, 1938, pp. 200-215.

are particularly severe, the stimuli do not remain focussed but overflow through the body and act upon various organs. We see direct evidence of this in the oral, excretory and genital responses at birth and under stress in earliest infancy. These responses may be activated simultaneously rather than in a relatively orderly progression. I shall illustrate the further succession of events by isolating now, for the purposes of description, the genital stimulation and response which arises so precociously as part of a widespread pain-helplessness situation. (I have dealt with some clinical and experimental evidence in my earlier paper.) The response to this situational stimulus is automatic and spontaneous. It subsequently gains an additional pleasure value when the infant discovers the further advantage accruing from body movements which also stimulate the genitals. The genital response next takes on a primitive masturbatory character, more obvious in girl babies than in boys. Although in the latter the appearance of an erection is the visible index of stimulation, the appearance of the most primitive type of masturbation by thigh pressure may be the first evidence of genital stimulation in the girl. The occurrence of repeated and almost continuous stimulation of this sort may produce so prolonged a tonic state as to simulate Little's Disease, and to be capable of interruption only when mechanical obstacles or barriers stop the masturbatory activity.<sup>4</sup> At any rate, where a polymorphous discharge of tension has been carried on in the organism at a very early date, we may conceive of its leaving a heightened irritability for channels of discharge in later life, intensifying first the reaction to traumata of later infancy and early childhood which form the under-structure of the essential neurosis, and then, at later periods in life heightening the anxiety of frustration and danger and aiding in turning the flow of activity backward along the old channels rather than continuously forward. If the anxiety is

<sup>4</sup> I first became aware of the reappearance in a changed form of this initial genital stimulation in anxious states of later life through a series of clinical observations made during my preanalytic work. I have put these together later in the paper in the section dealing with clinical case reports.

severe at these later periods in life (and it is likely to be severe because of the established predisposition) the overflow response of the earliest days or weeks of life may be repeated, and anxious erotic stimulation again occur. This is the setting of the frantic compulsive masturbation which so often precedes a psychosis. At these later periods in life, however, such masturbatory response is no longer the simple psychological response of the days after birth, but has accumulated the special wrappings of sado-masochistic fantasies (partly or wholly unconscious), guilt reactions, etc., which have invested its development in the intermediate stages. Thus the vicious whirl is set in motion.<sup>5</sup> The poorly developed sense of reality begins to go to pieces, bringing a threat of collapse to the ego; panic and sometimes dissociation ensue. This secondary anxiety may be further increased by inept and poorly directed treatment of the patient, and follows regularly in types of treatment which consistently undermine the patient's confidence in himself and limit his spontaneous activity, as in poorly advised and arranged hospitalization.

While I have singled out for description the course of the early genital response from physiological tension stimulus and response to masturbation, and have indicated its vicissitudes in later development, it is clear that a somewhat similar course may occur in the case of the nongenital areas (oral, anal, cutaneous) and that the selection of the one or of the other for first place is largely determined by the special traumata of later infancy (the roots of the essential neurosis).

Patients suffering from severe neuroses quite often come to analysis in a very acute state of anxiety or even panic. Subsequent panic states, however, seldom surpass those which brought the patients into treatment or those which were precipitated at the outset of treatment. If the experienced therapist watches the anxiety of his patient carefully and tempers the treatment accordingly, such panics will occur in

<sup>5</sup> Rado described the ego aspects of such a struggle in a vicious circle in *Developments in the Psychoanalytic Conception and Treatment of the Neuroses*. This QUARTERLY, VIII, 1939, p. 27.



the course of treatment only if some new danger appears. Even then the panic can generally be avoided. Obviously a patient who is frenzied or in a panic is in no state to be analyzed. He is much too near to a state of psychic paralysis to lend himself to the analytic process. The first aim of treatment must then be to penetrate the panic and relieve some of the anxiety. In this the composed, firm, assured attitude of the analyst is of the greatest importance.<sup>6</sup> As is to be expected in such highly narcissistic patients, the tendency to exhibitionism is great and is unconsciously used by the patient, in reaction to the intense underlying fear, to excite the sympathy and counteranxiety of the analyst in a desperate effort to retain neurotic control of the situation. Such patients simulate the behavior of psychotic patients and the inexperienced analyst may indeed be alarmed by them. It is extremely important in these early stages to have the understanding coöperation of the people who are close to the patient during most of the other twenty-three hours of the day, whether this be in a hospital or at home; much of the gain of the therapeutic hour may be lost by hostile, solicitous, or too active friends or relatives. Naturally this means that the analyst has to be in contact, directly or indirectly, with some key person in the patient's milieu, and this may create problems later in the analysis. In my experience, this initial situation has been handled most readily when some other analyst has been in contact with the family of the patient as friend, relative, or professional interpreter.

A word about the rôle of reassurance: most patients seem to react badly to direct reassurance. A quiet attitude of knowing one's business usually suffices; on occasion one may remind the patient very simply that we are the doctor and he the patient. Such patients have often been treated previously with too much reassurance. They beg for and distrust it because they have

<sup>6</sup> This need of the psychotic patient to be met with calm receptivity is emphasized by Dr. Dexter Bullard in his account of the organization of psychoanalytic procedure in the hospital. *J. Nerv. & Ment. Dis.*, XCI, No. 6, 1940.

in the past been overly placated, comforted and lulled with promises that could only come to naught. The same thing is true of advice. Although emergencies occur with appalling frequency at this stage, the analyst is in a better position if he does not permit himself to be drawn into the rôle of adviser. The patient is quick to seize upon any weakness, inconsistency, or falseness in the analyst's attitude, and if inadequate advice or superficial reassurance is given, it undermines rather than strengthens the patient's confidence. Calmness in the analyst induces calmness in the patient, and it is not generally necessary to be more 'active' with these patients at this stage than later, although it is very easy to be drawn into active participation. Because of the patient's insecure hold on reality, the analyst must maintain an attitude of clear, hard, unperturbed realism, and must refrain from giving verbal assurance.<sup>7</sup> Patients respond well to a simple clear statement defining rather than sympathizing with their disturbed state. It gives them relief and a feeling of security to know that the analyst sees through their surface situation and sees it as bad as it is, though not in the exaggerated terms in which they have presented it. A negative therapeutic attitude is encouraged if the analyst is too gently sympathetic, shows solicitude or anxiety. Obviously this increases the secondary gain of the neurosis and draws it further into the analytic situation.

Some patients will force an emergency or a crisis with a

<sup>7</sup> Years ago Dr. Brill emphasized the necessity for the therapist to reiterate, consistently and firmly, a realistic negation of the schizophrenic's distortions. This was done patiently and without argument. But Brill was dealing with a group of patients who were more frankly psychotic than those I am reporting, and his therapy, although based on analytic insight and judgment, could not be considered psychoanalytic. (Brill, A. A.: *Schizophrenia and Psychotherapy*. Am. J. of Psychiat., IX, 1929, p. 519.)

Dr. Zilboorg, reporting the treatment of a paranoid schizophrenic patient, also emphasized the preliminary state of reality testing before the analysis itself. His patient had been in a definite psychosis, and the subsequent recapitulation of the psychosis in an acting-out in the analytic situation was at once more dramatic, and more massive than is the situation in the severely neurotic patients of my own study. (Zilboorg, Gregory: *Affective Reintegration in Schizophrenia*. Arch. Neurol. & Psychiat., XXIV, 1930, p. 234.)

demand for a decision or for advice; and to ignore this is to push the patient to an even higher pitch of frenzy and perhaps to some disastrously convincing exhibitionistic act. Where I think this may occur, I indicate a course of action to the patient, usually with a succinct restatement of the possibilities which he has already indicated to me. It is possible to put a little more emphasis in one direction or another while being very careful to leave the impression of autonomy with the patient (e.g., 'You may find you wish this, or that; but the decision will naturally be your own'.) In this way the appearance of stubbornness or evasiveness on the part of the analyst is avoided, the patient gains in self-reliance, and the first step in the education of his narcissism is begun.

There is one other tendency which appears throughout in such severely ill patients and which must be 'managed' as well as analyzed. This is the habit which Stern<sup>8</sup> once graphically and tersely characterized as 'scab-picking'. I had myself already made use of the analogy of 'pulse feeling'. This can be so severe as almost to crowd out other mental activities, and it must then be dealt with before the initial stage can be passed and the deeper work of analysis begun. It is usually adequate to call the patient's attention to this process insistently and to interrupt it repeatedly. This tendency is so clearly a kind of masochistic autoerotic gratification, analogous to compulsive masturbation and to some forms of brooding, that it must be repeatedly interrupted in order to turn the energy elsewhere even temporarily. The 'scab-picking' is itself partly a derivative of the active but poor coöperation of the strong superego and the weak ego; it frequently utilizes a highly developed scopophilia turned back on itself. Late in the analysis, when the narcissism has been sufficiently educated to result in a strengthening of the ego, what remains of this self-watching

<sup>8</sup> Stern, Adolph: *Borderline Group of Neuroses*. This QUARTERLY, VII. 1938, p. 467. Dr. Stern's article touches on my own observations in many respects, and mentions also the 'deep organic insecurity or anxiety', with which my study is largely concerned.

tendency may be converted into a genuine capacity for self-criticism, indispensable for the management of the residual basic anxiety.

In general, then, the work of this part of the analysis is to increase the immediate reality hold of the patient, first through the attitude of the analyst, then through the relentless defining or clarifying of the immediate conscious attitudes and problems of the patient, and finally through the interruption of special self-perpetuating autoerotic tension states. While this must be done at the beginning of the analytic work, it is rarely accomplished adequately in the first stages of the treatment and usually has to be repeated in many different ways through the course of the treatment.

This stage of treatment differs from the beginning of any analysis only in its greater importance, not only early but often throughout almost the entire course of the analysis. Because of the patient's insecure sense of reality, the larger topographical outlines of the reality problems and the reflection of the unconscious factors on reality situations have sometimes to be gone over and over with almost monotonous repetitiousness. In this way there is an infiltration of this sort of insight into the microscopy of analytic work and there ensues a helpful organization of the latter in a manner which places it at the disposal of the patient. One must guard against making the analysis simply a tour of minute morphological inspection.

Analyses of these severe neurotic states are inevitably long. The sooner the patients and their relatives accept this and settle down to the analytic work, the better. The patient himself is usually under considerable urgency and scab-picks at the time element as well as at other aspects of the total situation, keeping himself in a state of pleasurable disappointment, attempting to extract promises and time-tables from the analyst. To such patients and their relatives I emphasize that analytic work involves genuine growth which can not always be budgeted or scheduled.

Throughout the analysis there exists the need for a strengthening of the patient's ego through the education of his narcis-

sism. As a part of this, a reduction of the tendency to easy and widespread identification should be accomplished.<sup>9</sup> This occurs partly spontaneously through the liberation accomplished by the analysis of the essential neurosis, but it has to be reënforced through a training in its actual recognition as a general tendency, and a self-critique must be established in regard to the tendency. By these means some of the otherwise dissipated energy may be reclaimed and brought back into the service of the ego. Many of these patients have a remarkable poverty of interests, i.e., very few external goals of ego achievement; or if they have any, they have too many and flit from one 'interest' to another, developing nothing satisfactorily. In the first instance, the analyst has to help the patient to find some satisfactory goal, and in the second, to select or organize those which he has already found. This can not be done by prescription, suggestion, or even by direct encouragement, for the patient reacting assertively to any positive direction (and rightly so since such direction would only increase the dependence with which he struggles), then lays the responsibility on the analyst and blames him for uncertainty or failure. Patients often demand such advice and would almost trap the analyst into giving it only to disregard or disprove it, and so prove their neurotic negative 'strength'. It is possible sometimes to accomplish the desired result by an adroit underlining of the patient's own inclinations, again emphasizing the patient's autonomy. 'You will find interests ready for you as you are ready to invest in them. It is unnecessary to force yourself (in one direction or the other), but only to take steps as you yourself feel at all ready for them. Even then you may be disappointed.' It is like helping a child with the first steps of walking.<sup>10</sup>

<sup>9</sup> Schilder describes this florid tendency to multiple identification in the schizophrenic in his chapter on Identification in Schizophrenia in his *Introduction to Psychoanalytic Psychiatry*. New York: Nervous & Mental Disease Monograph Series No. 50, 1928.

<sup>10</sup> I combat the tendency to a negative therapeutic reaction here by being slightly negative myself: never praising, rarely permitting myself any enthusiasm, but definitely recognizing ability or achievement when it is shown, and



The analysis of the essential neurosis of such a patient is not fundamentally different from the analysis of any neurosis. The first stages of the analysis may have to be prolonged in order to strengthen the patient to bear the distress of the later analytic work. This has often been spoken of as the period of preparing a patient for analysis. In my experience, this work can hardly be confined to a preparatory time but has to be continuously reënforced throughout the analysis by constantly working through the material with reference to the current situation and the infantile roots of the behavior and symptom patterns, never omitting the larger outlines of behavior tendencies as a framework for the dissection of the finer details.

In the analysis of these severe neuroses, the risks involved in giving too early interpretations for which the patient is not ready are greater than ordinary. The temptation to do this may be great as the patients so often present rather florid material and have themselves some inkling of the symbolization involved, in this respect resembling the frankly schizophrenic individual. Patients meet premature interpretation by a marked increase in their defensive walling off or they seize upon the interpretations to construct an intellectualized formula which serves their narcissistic demand for magic and with which they may satisfy themselves temporarily and dazzle their intimates sufficiently to give the semblance of a cure. They improve temporarily because they have been given a magic initiation. This can be avoided by giving interpretations with special caution and always working back from the current situation to the deeper roots, never allowing the analysis to become strangulated at one level or the other. Great analytic

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always indicating to the patient that he may achieve further. I believe this attitude is more in keeping with the need of the patient for reality above all else; at the same time it diminishes overstimulation with subsequent disappointment, and avoids the pitfall of having the patient do things to please me. Others may find it possible to establish activity first on the basis of pleasing the analyst, and subsequently analyze this oversubmissiveness after the patient's activity has gained a certain momentum of its own. I presume these differences of procedure must depend in some measure on differences in the temperaments of the analysts.

agility is sometimes required in order on the one hand not to allow the ever-ready deluge of anxiety to overwhelm the patient, and on the other hand not to permit the patient to rest on the relative comfort of somewhat reduced anxiety. To keep him at his analytic work, he should have enough anxiety to spur his effort, but not so much as to block it.

It is equally important, however, not to *overlook* the essential neurosis. The symptoms are often embedded in wider tendencies of behavior, and the improvement from the concurrent education of the patient may be so striking that it may be easy to be fooled into dealing inadequately with the neurosis itself.

There are some peculiarities of the transference relationship to be considered. The transference at the beginning of the analysis is generally urgent but shallow, and characterized often by an ambivalent identification with the analyst. These patients ask everything and trust nothing.<sup>11</sup> Later in the analysis it may develop into an intense obligatory erotic transference. Throughout it is a relationship of exquisite sensitivity.

These patients have in the very nature of their organic sensitivity to experience a remarkable faculty of observation, but not so good an ability to make use of it. The constant mirroring of life and the diffuse competitiveness resulting from this is evident throughout, especially in the dream material. The patients seem to hear and see everything about the analyst, his situation, his family, etc. They take in and register a mass of details without being aware of them. These reappear only slightly disguised in dreams which are full and remarkably elaborated. At the same time the patients are less able than are those suffering from milder neuroses to use the transference readily as a genuine medium of working out the reflected intricate patterns of their behavior, and only seem to achieve this in the ordinary way towards the end of the analysis. While the mirroring tendency produces the sem-

<sup>11</sup> Cf. Fromm-Reichmann, Frieda: *Transference Problems in Schizophrenics*. This QUARTERLY, VIII, 1939, p. 412.

blance of the transference in most of the patient's dreams, the continued detailed analysis of its appearance tends either to confuse or merely to fascinate the patient. Consequently in the transference relationship too, one has to work early especially on the general larger patterns. Only after the patient's tendency towards identification has been somewhat reduced is it possible to do much detailed transference work with him.<sup>12</sup>

Because of the remarkable capacity for observation on the part of the patient, any changes at all in the analyst's arrangements are reproduced in the patient's dreams and attitudes. Sometimes these may by good chance bring out some special pocket of material from the patient. More often, however, they serve as artifacts and unnecessary complications in the analytic picture. For this group of patients it makes for a real economy of work to keep the immediate environment of the analytic work as constant as possible.

Later in the analysis the development of an erotic attachment to the analyst can readily cause the accumulation of transference anxiety. This is particularly intense in the patients under discussion, as there may be in them a considerable deepening of emotional experience and libidinal expansion occurring in the course of the analysis and not for the most part after it is over. In this sense the transference represents more than a 'transference',<sup>13</sup> since there is an addition of new elements not previously experienced by the patient. Such a transference presents one of the greatest values and some of the severest problems of the analysis, as the dissolution of the transference demands the realignment of the deepest attachment the patient has yet felt. How much erotic tension piles up in the trans-

<sup>12</sup> In years past, in my psychiatric experience, I have seen patients quite often thrown into brief psychotic episodes by too assiduous and early work with the transference. I believe this still happens though not to the same degree, since the emphasis on continuous detailed interpretation is less. These episodes were not followed by any prolonged psychotic states. We used to refer to them as 'psychoanalytic deliria'.

<sup>13</sup> This was exemplified in an even more intense form in the affect hunger described by Dr. David Levy in *Primary Affect Hunger*. *Am. J. Psychiat.*, XCIV, No. 3, 1937.

ference and how readily it is deflected onto and used in the reality of the patient's life clearly depends first on the specific life situation of the patient when he enters the analysis, and second, on how the analyst handles this emotional current. In these severe neurotics constant drainage of this is necessary, erotic tension never being allowed to accumulate and stagnate. One should deal with it by always indicating directly or by implication the other love goals to which the current must return. The erotic tension thus escapes becoming fixed in a transference bondage or coming to an explosive rupturing.

The patient must become acquainted during the course of the analysis with the necessity of managing his own basic anxiety, which is not completely analyzable and will always remain at least potentially with him. Neglect of this part of the treatment may cause the subsequent breakdown of much of the accomplishment of an otherwise effective piece of analytic work. The patient must acquire a considerable degree of self-critique and self-tolerance. In the course of the analysis, I gradually acquaint the patient with the fact that analysis will not be a complete revelation or a magic rebirth such as he demands; that he will in fact always have problems of tension and balance to deal with. This tempering of his expectations may be started very early in the treatment, with the same firm realistic attitude which is generally effective in combating his panic. If this is coupled with a clear statement of the fact that there are definite gains to be legitimately expected, it stimulates the patient to work rather than discourages him. Then as the work proceeds, he is gradually made familiar in a very simple way with the theory of basic anxiety. This is not given him as a packaged theory, but is interpreted to him as he refers to the material which, according to my mind, justifies such a theory. These patients always give some accounts of what they have heard regarding their own births, possible antenatal influences, and earliest post-natal experiences. These come to the surface often directly, sometimes combined with birth theories and fantasies of later childhood which again are revived in connection with current

contacts with birth experiences. As patients speak of their own birth injuries, their earliest illnesses, accidents, the attitudes of their mothers towards and during pregnancy, I reconstruct for them the possible effects of such experiences on a young child, and indicate the inevitable contribution to the general tension and amorphous anxiety of the later adult. In this connection, it is interesting that one can in the course of such interpretation pretty well reconstruct what has been the specific experience of the given patient. He does not recover clear memories or confirmatory evidence which he can convert into words, but he reacts with wincing, increase of tension, or the appearance of confirmatory somatic symptoms when the old sensitive areas are touched, even when this has to do with events of the very earliest weeks and months of life.<sup>14</sup> It might be expected that this sort of interpretation would furnish the stuff for a negative therapeutic reaction and that the patient might fall back on the attitude, 'I was born that way; so what?' This has not been my experience. Perhaps it is counteracted by the special attention already paid to the education of the narcissism. These patients must learn to know and appreciate themselves as genuinely sensitive individuals, and come to utilize their sensitivity if possible. In this way may be built up a valuable self-critique which is then at the disposal of the patient rather than turned against him. Finally at the end of such an analysis there has generally occurred a reorganization of the individual. The level of the tension may still be somewhat elevated. But if the essential neurosis has been adequately dealt with, the organization is sounder, the behavior more spontaneous, and the balance less easily tipped. Such treatment is, perhaps more than an analysis, an education; in procedure it necessarily lies somewhere between the classical psychoanalytic technique and the methods used with children.

<sup>14</sup> One sees here very clearly the significance of Freud's statement that the symptoms take part in the discussion. In this part of the analytic work, symptoms are the patient's main discussion.



*Clinical Studies*

In presenting the clinical material in connection with this paper and the previous one, I give only one case history with any degree of fullness but shall first present briefly from a clinical experience extending throughout a number of years, the observations which formed the beginning of my queries about the effect of birth and other early traumata on the production of a tendency to anxiety.

A. One of my patients, a competent and serious unmarried lady in her late thirties, suffered from hysterical symptoms. On the periphery of these was one which did not yield readily to analysis. This consisted in certain irregular jerky movements with her feet. She complained that when she was driving her car, the free foot tapped rhythmically on the floor of the car. This was not a tic, nor yet a genuine compulsion, but an inconstant and semivoluntary act which she found herself repeating like a bad habit. She also noticed that when in company she was tense and felt people were looking at her, she was unable at times to keep from wriggling the toes sometimes of one foot and sometimes of the other. This embarrassed her, although it seemed to her that she did it only under scrutiny and to relieve embarrassment. It was obviously an autoerotic discharge in a state of mild anxiety, but like other neurotic symptoms, it turned back on its purpose and increased the state it seemed intended to relieve. The same patient gave a history of having rubbed her toes on the sheet in order to put herself to sleep in her childhood, a habit which was maintained until she was six or seven and which recurred subsequently especially during illnesses until puberty.

In the analysis of this patient's dreams, there were a number of associations which indicated the familiar foot-penis symbolism. This patient suffered from an unrecognized extreme envy of her brothers, among whom she was the only girl. I shall not attempt to go into the whole story of the neurosis, but I was puzzled by the route of selection of the foot in this particular case. I thought at first it was a simple displacement downwards, occurring with partial or complete renunciation of infantile masturbation. It was evident that the foot and leg were equated with the penis (and also breast) not only in accordance with the familiar sym-

bolism but also directly by association with her mother who had suffered a milk leg earlier, and then later became lame from other causes when the patient was at puberty. One could readily see that the foot tapping was a combination of the illusory penis masturbation and an anxious exhibitionistic calling attention to her castrated plight. But the patient's original foot rubbing to put herself to sleep was said to have occurred from 'earliest infancy'. Her mother had told her that she had been a quiet baby and had slept well, except for the foot rubbing and some thumb sucking. It seems clear that the foot erotism had preceded the problem of castration anxiety and penis envy and had certainly antedated the mother's lameness and knowledge of the milk leg story.

*B.* In seeking the possible derivation of this patient's symptoms I recalled another patient who some years ago had told me that at the height of an orgasm she would have peculiar tingling sensations in the toes of both feet. There were certain similarities in the developmental histories of the two patients. Neither remembered childhood masturbation but had come upon masturbation in adult years when it occurred 'spontaneously' as part of a diffusely felt sexual arousal with sensations emanating from the genital areas and spreading throughout the body. In the patient under discussion this had occurred in the setting of a quasi intellectual erotic stimulation (reading and looking), and seemed to her a short-circuited response. In both patients the masturbatory habit was a recurrence of the most primitive thigh-pressure type. In neither case was there any clitoris masturbation. In the second patient, the masturbation was accompanied by fantasies of intercourse which, in the patient's imagination, consisted simply of holding the penis within her vagina, i.e., clearly a possession of the penis in this way. It seems probable that the masturbation which had been initiated so late was only a recrudescence of what had occurred and had been renounced very early in life.

This type of genital sensation without awareness of any preliminary stirring or fantasizing but consisting rather of sensations suffusing suddenly upwards from the genital region and extending throughout the body, reminds one of the distribution of dissociated and disclaimed erotic sensations described

by schizophrenic patients as due to electrical or hypnotic influences.

There is one other fragment of a case history, which I recall from my early clinical experience, of a young woman who was at first considered to be a very severe case of hysteria. This young woman had an autoerotic orgasmic tic with a sucking muscular movement culminating in a snapping noise sufficiently loud to startle bystanders. I have recently been able to learn the bare details of the later history.

C. This young woman first came to the hospital at twenty-three because of especially violent quarrels with her father in which she threatened to kill him and also threatened suicide. The family was one in which talent and instability intermingled and fused. The father was a brilliantly able man, who sank later into a cranky senile state. I saw this patient first twenty-one years ago. She was the third among five children. One had died of meningitis, and one had had a manic attack precipitated by the torpedoing of his transport during the first World War. In the years since, a younger sibling too developed a psychosis, so that four of the five children developed severe psychic disturbances. Genetically determined constitution may be considered to have had a possible influence here; however, the early individual history is also of note. The patient was a seven month baby, cyanosed and weighing four pounds at birth. Because of a neglected ophthalmia neonatorum, her vision was permanently impaired and a constant lateral nystagmus developed. There were many fainting attacks in childhood. She was never able to study adequately, both because of the reduced vision and because of inability to concentrate. She had a particularly severe temper with sudden exceedingly violent outbreaks occasioning chagrin and a religious-moral struggle for control. She became a religious fanatic and wished to be a Deaconess. Masturbation occurred throughout the entire childhood, and she could recall no period in which it was even temporarily in abeyance. The childhood history was so full of sexual traumata, explorations and experiments with other children and with a variety of animals, as to give the impression that this frustrated child was in a state of continual autoerotic overflow in which her impulsive discharges set up new excitations until she was involved in a frenzy of polymorphous perverse excite-

ment with almost no relief. In this patient, too, masturbation by thigh pressure was the earliest and still predominant form of masturbation, although to it had been added a great variety of autoerotic practices.

In the hospital she was at first extremely scattered, distractible and restless; she then developed the tic, which was clearly an effort at relief. 'If it does not occur my eyes get misty and roll up into my head, and my brain gets confused.' She described it as 'a contraction and expansion of one of my organs'. It occurred, however, without her volition and became a thoroughly automatized tic. She complained also of pain and a feeling of paralysis in both legs and sensations in them 'like mercury in a thermometer'. Withal she moved about freely.<sup>15</sup>

Obviously this case presents a mesh of complications. But I quote it here because of certain similarities in symptom constellations with other cases. Having recently obtained an abstract of the history of the younger sister of this patient who suffered a psychosis some seventeen years later, I have learned that all of the children in the family were born by extremely difficult labors. It thus appears that this part of the family situation, dependent on the pelvis of the mother, and an accident as far as the children were concerned, may have combined with and reinforced the later results of the pathetic neglect which the patient suffered as a child.

In thinking over the possible relations of this pressure masturbation to the toe, foot and leg symptoms in these cases, I believe that I may have come upon a somatic rather than a purely symbolic link in the possibility that in severe pressure masturbation of this type, where the body is held in a state of prolonged, frenzied, autoerotic tension and the legs crossed in scissor fashion, there may actually be referred sensations of tingling in the legs and feet. This seemed to me the more probable when I recalled having seen several times in my student days on a pediatric ward, cases of very young female infants in exactly such states of unrelieved tension, with the body in a condition of rigid tonicity and legs crossed scissors-

<sup>15</sup> I wish to thank Dr. Adolf Meyer for permission to use these and other clinical observations from the period of my work at the Phipps Clinic.

wise. I recall that one of these little patients was at first thought to be suffering from Little's Disease because of the history of birth trauma and the superficial resemblance of the posture to spastic paraplegia. Separation of the infant's legs with soft cotton pads was followed by the cessation of this masturbatory tension and a relative degree of general relaxation. The recollection of these instances of very early masturbation in girl babies then related itself to the observations of erections following delivery of boy babies, and the line of query which I have developed in my first paper began to take form.<sup>16</sup>

Any one who has attempted to give a fairly full account of the analysis of a single case, knows how difficult this is. The mosaic of the analysis is inevitably complicated and delicate and while a few relatively simple patterns stand out boldly in almost all cases, what pattern unit stands out most sharply depends on the angle from which the whole is viewed. Thus, what looks like a diamond to one person may look like a cross to another. It is often important to establish *some* pattern unit, at any rate, and go along from there. In dealing with the following case history, I have found it impossible to present all my data and have consequently organized it for purposes of presentation along the lines already indicated. It was the tendency of this material to organize itself along these very lines, however, which stimulated my attempts to bring together my observations and to formulate ideas about treatment of this group of severe neuroses.

D. This patient came to me at the age of twenty-eight, a trim young woman of small stature, probably not more than five feet or five feet one inch tall. Her figure inclined to boyishness, especially in the straight slimness of the hips, but this was by no means conspicuous. The upper part of the torso was feminine and the breasts well developed, but with inverted nipples. There was a slight excess of hair on the forearms and a little heaviness of the hair of the upper lip. She walked in an overly energetic tense fashion, with her head thrust forward, her arms swinging

<sup>16</sup> Cf. Lorand, Sandor: *Contribution to the Problem of Vaginal Orgasm*. Int. J. Psa., XX, 1939, p. 438.



freely. Her speech resembled her gait in being hurried, urgent, inaccurate, and often ahead of itself. She was accompanied by a nurse companion, as she was afraid to go any place alone.

At the time I first saw the patient I had already been given the general facts of the formal history, and all arrangements had been made in advance for her treatment. Another analyst was in touch with the family and had done the not inconsiderable job of explanation and interpretation of treatment to them. The patient came with the anticipation of being analyzed, but she accepted analysis as a last and probably futile resort and was not kindly disposed to it.

The presenting symptoms were those of a severe anxiety hysteria, with phobias, a tendency to doubt and some compulsive activity. She was afraid to be alone, afraid of high places, and especially of windows above a ground level. In attacks of panic she was afraid of losing consciousness. At other times she described herself as dazed and without positive feelings, 'as though I were looking inward instead of outward', and again, as though she 'just stared out'. Sometimes she felt as though she were not herself, and her face felt stiff. She felt like an infant and was afraid of drowning in her tub. Again, she felt very tiny, like 'just a tiny atom lost in space'. Sometimes she insisted she was feeble-minded. Going to high places, having to eat alone, going to the hairdresser, or being in any situation in which she sat directly facing another person, were all situations in which she was likely to have anxious feelings mounting almost to panic. At this particular time she could not bear to look in a mirror, which was as bad as having any one else look at her. She was tense almost to the point of frenzy, but there nevertheless appeared an element of play acting in her manner.

She had really been sick most of her life, and while one could recognize stages of change in her symptoms, there had been only a few relatively short periods when she had seemed reasonably well and active. She had never finished school or held any position. (Tests, however, had indicated her to be well above average intelligence.) She was married and had a daughter of four, and kept up an intermittently active participation in the social affairs of her friends. She had been more or less in contact with psychiatrists and psychoanalysts since the age of seventeen. At that time her parents consulted an analyst who advised that they take her

to Vienna to Freud. A neurologist thought a European pleasure trip would be better. Later she was successively in the hands of a psychiatrist, a child guidance specialist, and what appears to have been an 'analyst' without training. She spent two years with this man and became quite familiar with the general symbols and some of the concepts of analysis. Next an analyst advised against analysis and the patient then entered a psychiatric hospital. There she remained for about seven months, showing marked improvement at first and then getting rapidly worse, with the appearance of more marked frenzy and desperation than at any time previously. She was now so bad that it seemed impossible for her to live outside of a hospital and in order to start the analysis it was arranged that she remain hospitalized but commute daily accompanied by a companion. All arrangements were made with the help of another analyst who was a friend of the family and proved an invaluable aid during the first months of the treatment, acting as an interpreter and shock absorber in the situation.

I shall not attempt to describe the minutiae of the therapy. It proceeded essentially along the lines I have already described. At first the patient behaved in a crazily frenzied fashion reminiscent of the 'antics' of patients in a psychiatric hospital. She would refuse to lie on the couch though she knew from her previous experiences that this was expected. Sometimes she paced about threatening to throw herself on the floor, or walked up and down wringing her hands. She went through the motions of choking herself and threatened to jump in front of a train on the way to the office or to jump from a window. She would sometimes ask me how I dared to let her go around outside of the hospital. She attempted to entice me into some commitment about the outcome of the analysis, the length of time, my expectations, etc., and she tried a number of bullying methods. She told dreams and quickly gave crude symbolic interpretations, sometimes saying, 'I suppose you would think that means thus and so'. She now repeated in order to discard them the many symbols learned in her previous 'analytic' experience. She was mildly obsessed with a great variety of sexual thoughts—a kind of pansexualization of thought content which may have been partly induced by the previous rather blunt therapeutic efforts. It was usually futile for me to say more than a sentence or two, as she would turn her head away and say 'I am not listening to you. I don't hear any-

thing you say'; or 'I can't hear you, because I can't concentrate'. A little later she was able to hear more of what I said, but often attempted to convert the session into an argument, amply demonstrating the basis for her having been affectionately dubbed 'a last word artist' by her parents when she was a child. When she asked me if I were a good enough analyst to treat her, she was surprised when I simply said 'Yes'. (This served to check temporarily the potential sado-masochistic argument with which the patient was used to drowning out all therapeutic contacts. Somewhat later I was able to help her first to see that she blocked her own progress in this way, and later to begin to analyze these tendencies in herself.) She was an inveterate scab-picker, sometimes drawing her husband and her mother into the process by scaring them with her behavior and inducing them to call me up, then demanding verbatim accounts of what our talk had been.

During the first two or three months there was a gradual simmering down. Her failure to arouse counteranxiety in me was probably the most effectively 'reassuring' factor. Gradually I began the most elementary explanations. Ignoring the symbols which she displayed so generously, I began with simple suggestions that her feeling like a little atom was a kind of picture of her feeling lost in the world, that she didn't really feel grown up and able to take care of herself, and that being unable to be alone was like being a child again. Even this was too much for her at first, and when she once grasped the idea that she was reacting to a feeling of insecurity in many ways, she was relieved that at last she had understood something. This is just an indication of the extreme simplicity with which we began. The gradual deepening of her understanding, the emphasis on her appreciating herself as an individual, her increasing ability to assimilate more and more interpretation and the extreme caution with which progress could be made, can be imagined from the content of the patient's history. These first weeks were essentially a stripping off of the secondary adornments of pseudo-psychotic behavior which she had picked up in a psychiatric hospital, together with much of their complement of secondary anxiety. She began to feel that she had rights and independent functioning. The use of the simplest sort of explanations permitted her to abandon the analytic vocabulary which she had previously acquired and which served

only as a meaningless burden to her, having already lost even the quality of being magic words.

This girl was the first child and second pregnancy of a young mother. An earlier tubal pregnancy resulted in operative interference and a stillborn foetus. The maternal grandmother died suddenly ten minutes after the patient's birth. The mother then went to her father's home to live and to take her mother's place with the grandfather. The family remained there until a second child was born twenty-seven months later. (This story was part of the family saga and the patient could not remember when she first heard it.) The patient was delivered by cæsarian section because of the mother's contracted pelvis. She was a fretful baby in spite of the fact that she sucked her fingers from earliest infancy, presumably beginning the first week of life. At a very early age she began sucking her blanket. She recalls that later she sucked the blanket and then smelled it before falling asleep. In summer she had to have a piece of flannel to suck and smell. Intermittent finger sucking occurred until the patient was fourteen or fifteen. It then was gradually replaced by smoking which is still a deeply fixed habit and is largely an oral pleasure; she inhales little and is as well satisfied with an unlit cigarette in her mouth. Another childhood habit was rubbing her foot on the blanket in order to put herself to sleep. In adolescence she twisted her hair with her fingers continually. She was nursed until she was a year old and was then weaned on principle rather than exigency. She wet the bed throughout her entire childhood up to the age of seventeen, when there was a further extension of neurotic symptoms. She was constipated intermittently in childhood and was given enemas frequently. One of her early recollections was of being held struggling and fighting on the bathroom floor while the mother inserted the enema nozzle. She masturbated throughout childhood. This was a rather ineffective clitoris masturbation described by the patient as 'touching myself but not working at it'. The details of the beginning of her speech are not known to the patient, but she recalls having had a mild speech defect, something of a lisp, which gradually disappeared at eight or nine. Later in life she complained a good deal about getting mixed up in her speech: under any excitement she used words which had the approximate sound of those she wanted—a mild degree of



malapropism under stress. There were no serious illnesses except mastoiditis in the patient's infancy. She had had occasional spurts of fever, however, often accompanied by brief delirium, and on one occasion a series of convulsions.

When she was twenty-seven months old, a younger sister was born. The mother was permitted to go into labor, which proceeded unsuccessfully for some time; then forceps were applied and the child was severely injured. From the first it was feared that the baby would not develop normally, and by the time the baby was two or three years old it was evident that she was both deaf and an imbecile. At the time of the birth the mother had gone to another city for delivery, taking the older child with her. On the train returning home, my patient, then twenty-seven months old, developed acute mastoiditis necessitating a mastoidectomy. She remained in the hospital nine weeks and later had to have very frequent dressings. She fought so against these that an anæsthetic was given, and she is supposed to have had chloroform almost daily for some time. (This is the mother's account. The patient herself has always thought it would be impossible to have been anæsthetized as often as the mother reports to have been the fact.) The patient's earliest conscious recollection is of being held by her nurse, looking out of a window in the hospital and watching some negroes on a nearby roof. The mother devoted herself to caring for the patient but was under great stress in her position as successor to her own mother and in concern over the next pregnancy. (A certain œdipal ambidexterity was patently needed.) After the sister's birth, first the patient and then both the children were in charge of a *Fräulein* who was very strict and methodical and punished them severely for spilling anything. The two children were brought up together until the sister was about six, when the latter was sent away to a special school.

The patient's neurosis developed in successive stages and with increasing intensity (1) at seventeen, when she first went away from home, (2) during her engagement and (3) after the birth of her child. It just happened that the birth of this child came in a period when there were many deaths in the family, so that again birth and death were juxtaposed even as they had been at the time of her own birth when her grandmother died ten minutes after she was born. At the time the patient entered analysis, she stated that her sexual response was good, i.e., that



she usually had an orgasm in intercourse. It developed, however, that she was averse to intercourse and had an inadequate orgasm overly readily.

In considering the etiological factors in this young woman's illness, I shall confine myself to the simplest statements in regard to the two groups: the very early, *predisposing* ones, and those producing the *essential* neurosis. In regard to their effects, it is not possible to make a clear cut distinction between those predisposing causes resulting from the genetically determined constitution and those arising predominantly from the very early distresses which I have conceived of as leaving an organic (constitutionally assimilated) imprint in their wake. I believe that these two groups of factors are inevitably together and sometimes fused.

In this case, we have a history of competence and some brilliance on both sides of the family, but with an incidence of neurosis which seems very high. In addition the mother was tense and apprehensive during her pregnancy with the patient, as her previous pregnancy had ended in a defeat and suffering for her. She was, incidentally, a rather undaunted sporting type of woman, with considerable bravado as a cover for her disturbance. Although there were no particular data regarding the patient's nutritional state at birth, my surmise from the contents of her symptoms and dreams would be that she had not been a markedly undernourished baby. She was born by caesarian section. It is interesting here that the patient does not describe any sensation of a band or localized 'brain stiffness' or head pressure feelings which are so commonly described by schizophrenic patients and by some neurotics, but rather feelings of light-headedness in her panic states, as though her head would 'fly to pieces', and a feeling of stiffness in the face. The last was definitely a reproduction of the chloroform mask and disappeared readily on analysis. That she was an uneasy infant from the very first was attested by the crying, excessive sucking, twitching and rubbing which began in the very first weeks, and the convulsions and easy deliria within

the first two years. The mother's constant watchfulness and tension almost certainly was reflected in her face<sup>17</sup> and in her handling of the young baby. The mother prided herself on taking care of the little one alone, in spite of her own emotional burdens and practical responsibilities at the time. The mother described the first few years of her childrens' lives as 'a hell of worries' to her. It does not seem to me too far fetched to consider that the patient's truly extraordinary sensitivity to facial expression, strikingly apparent in the first few months of her analysis, had its roots in this early period, although it may have been augmented in infancy by the birth of the somewhat mutilated sister and by her own abundant experience with anæsthesia. Subsequently it was sustained by a severe father who exerted much control through frowns and scowls.

Similarly the direct effects of the caesarian birth became amalgamated later with the images called up by the verbal accounts of it which she heard, and gave substantiating form to some of her later birth theories. We see further in this girl's birth a situation which favored a sense of abnormality and, with the death of the grandmother following so closely, gave rise to questions of her own identity, expanded her omnipotence even to the point of killing, and intensified her guilt feelings, etc.

For the *essential* neurosis two events were especially important: the birth of the younger sister, a mutilated half dead baby, when the patient was twenty-seven months old, and a rape by a grown man occurring when the patient was five years old. The patient's own mastoid infection and operation, following so closely on the sister's birth, had psychologically the importance of birth to her, and the repeated experience with anæsthesia merged with her death and rebirth fantasies.

<sup>17</sup> Therese Benedek quotes C. Bühler as observing that the infant recognizes the face of the mother or nurse at an earlier age than it recognizes the bottle. She draws the very pertinent conclusion that the confidence inspired by this recognition is a stage of object relationship preceding positive object love. This regularly occurs by the third month. *Adaptation to Reality in Early Infancy*. This QUARTERLY, VII, 1938, p. 203.

It is interesting too, that there was a recurrence of the mastoid following the mother's miscarriage when the patient was about seven. The time of the birth of the sister was remembered quite readily by the patient, but its emotional significance was completely annulled in consciousness and had to be unfolded to her in analysis against the customarily stern defenses of the obsessional neurotic. For the rape, however, occurring as it did at the beginning of the latency period, she had a deep hysterical amnesia.

### *Summary*

In presenting this clinical paper I have had to condense and simplify the material very greatly and have attempted only to sketch it in such a way as to indicate the fundamental outlines of the work. In the last case cited, the work began with the problem of management of the anxiety laden behavior and the establishment of a better grasp of immediate reality. The education away from narcissism extended throughout the entire analysis, permitting the patient an increasingly useful self-critique. The interpretation was gradually deepened until the essential neurosis could be reached. I believe that these general principles are applicable wherever there have been many severe and early traumata, whether or not there is any possibility of antenatal and natal contributing factors in the underlying anxiety.

This is a group of patients who are coming to analysts with increasing frequency, asking and needing help. It is clear that the consideration of these cases takes us back to the need for more observation with infants, work which appears to me the source of the richest material for psychoanalysis.

Before closing, I want to give due appreciation to the work already published by others dealing with many aspects of these problems. I think of the publications of Brill, Zilboorg, Sullivan, Schilder and others of about a decade or more ago; more recently there have appeared the publications of Hill, of Tidd at the Menninger Clinic, of Fromm-Reichmann and Bullard at Rockville; and in our own Society the papers of Stern, Franz

Cohn, Lorand, and Thompson. By and large these have dealt, however, with conditions as encountered in the franker psychotic states, or with relatively circumscribed problems of interpretation or of method. I hope that my own paper may serve to bring these observations and considerations together in a general form, and especially to demonstrate them in the severe neuroses or borderline states which so often occupy a sort of no man's land between the hospital and the analyst's office.

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## NEGATIVE REACTIONS TO CHRISTMAS

BY JULE EISENBUD (NEW YORK)

The observance of great secular and religious festivals is in general marked by the individual's gratification of infantile wishes which are normally held in check by feelings of guilt. A festival is a social sanction to forms of enjoyment which at other times must be held to a judicious minimum.

The type of celebration that characterizes a festival has only a formal relationship to the generic meaning of the holiday. While legend and ritual lend the trappings, individuals react according to the peculiarities of their temperaments. Some merely indulge in immoderate eating and drinking; others look forward to unbridling their ordinarily monotonous sexual lives; exhibitionistic persons use a holiday as a pretext for jumping onto the stage; still others, according to their lights.

The converse of this type of reaction is to be seen in those persons who are unable to make the most of a celebration, must always suffer, must never for any reason discard their sackcloth. Here too, however, there is nothing specific in any particular festival which invites the negative reaction but rather the very idea of having enjoyment.<sup>1</sup>

Of all festivals, that marking the Christmas and New Year season is characterized by the greatest relaxation on the part of the superego of society, so to speak. This is the season when governments grant amnesties and penal institutions distribute pardons. It is the season when the solid citizen becomes liquid and 'the devil is raised'. When it is all over, repression resumes and the air is disinfected with good resolutions.

Instances in two persons of specifically negative reactions to the Christmas festival are recorded.

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Read before the New York Psychoanalytic Society, Dec. 10, 1940.

<sup>1</sup> Ferenczi, Sándor: *Sunday Neuroses*, in *Further Contributions to the Theory and Technique of Psycho-Analysis*. London: Hogarth Press, 1926.



The first patient was a woman of thirty-four who came to analysis in May 1939, for a depression which had had its onset in December 1938, when she lost her job following a short period of conflict with the executives in a merchandising concern where she had worked for several months. In business circles the patient was known as a brilliant buyer but had the reputation of being as 'hard as nails'. Hated and feared by the men in the trade because of her independence and bullying tactics, the patient drifted from one concern to another in an erratic career. Because of her known shrewdness and ability she had always managed to have her choice of jobs, but sooner or later a tense and threatening disharmony which inevitably developed in any concern in which she was employed was ultimately traced to her wildly competitive raids into the provinces of other executives. She would find herself unemployed again, and for some reason things usually came to a critical pass just before Christmas.

The patient's love life had consisted of several intense homosexual affairs in which she was the active partner. For a depression following the loss of a homosexual love object she had several years earlier sought psychiatric treatment in another city where she was working. After one year this moderately intensive, nonanalytic treatment was brought to an abrupt end by the patient under conditions which she remembered vaguely. A report from the psychiatrist who had treated her was equally vague about the circumstances of the termination of treatment. The only clue was provided by the patient's strongly hostile attitude towards this physician and her insistence that he was a 'phony'.

The patient's depression was relieved almost immediately after she began analysis. She secured another position and began to enjoy a period of moderately good health. In analysis she was comfortable but unproductive. She very rarely brought dreams and kept a tight rein on her fantasy which had to be sensed from her transference attitudes. Her marked overvaluation of analysis and the analyst, her feeling that analysis was 'the real thing', her inexplicable sense of perfect security

and her tendency to identify with the analyst all pointed to the conclusion that she was living in fantasied possession of a phallic mother. So securely had she locked herself into this psychic position, so deep were her repressive entrenchments and so inaccessible did she render her fantasy that the tools of analysis were beginning to appear desperately inadequate for disturbing her defenses. Under such circumstances the analysis seemed to have reached an impasse; yet month after month went by without any change in the patient's serene detachment.

Early in December 1939, the patient started to show signs of wavering. She became annoyed with the usual Christmas advertising which was daily gaining momentum. She complained of the 'mass neurosis' which seized business at this season, asserting that in the long run business lost more than it gained. For her part she was determined to keep calm and not allow herself to be swept into overbidding the market; she did not want to wake up after the New Year to find a lot of 'useless and unsaleable' merchandise on her hands. Finally she began to indicate in rather paranoid reports of what was going on at the office that she was coming into conflict with the male executives of her concern, and that once again she was putting her position in jeopardy.

In the transference she began to express marked ambivalence, revealing strong unconscious efforts to dominate the analyst, to threaten him, render him impotent and control the analytic situation, coincident with an extreme intensification of a 'positive' transference which became so exaggerated as to have a quality of burlesque. At the bottom of this intensification was a frantic effort to preserve her introjection of the phallic portion of the analyst which had become somehow insecure. By way of reassurance she kept reciting to herself, 'The Lord is my shepherd; I shall not want. . . . Thy rod and thy staff they comfort me', the benign image of the analyst serving for the Lord.

The peak of her mounting anxiety was reached with the analysis of the patient's insistent demands that she be referred to a gynecologist for a cervical discharge to which she referred

delicately as 'the trouble with my lower extremity'. One of her first dreams which occurred at this time revealed an effort to fortify herself and to threaten the analyst with a leaking, phallic breast. The working over of this and related material led to the recovery by the patient of the following early memory:

The scene was of a busy household in the confusion of preparations the day before Christmas. The patient, four at the time, was trying to get some attention from her mother who was flying about the place in a flurry of last minute duties and who kept putting the child off with some irritation. Finally the child was told that she must withhold her demands until Santa Claus came; that if she were a good little girl Santa would bring her anything she desired. That night, the patient remembered, she prayed to Santa Claus earnestly and ardently. She had only one wish and that was to be like her brother, two years older, the pet of the family and especially of the mother to whom the patient was nothing but a burden. If she were a boy the child suspected, she too could claim the mother's love; therefore she prayed that Santa Claus change her into a boy. She was confident that on Christmas morning she would awake to find the transformation accomplished.

At this point the patient's memory failed, but the rest of the tragic story was easily reconstructed. Out of her bitter disappointment on that fateful Christmas day was born the beginnings of disbelief and a lifelong philosophy of sceptical empiricism. True, for the next year or two the patient flirted with the idea of giving Santa Claus another chance to make good. In these succeeding years her wish for a penis, originally a key to her mother's love, was reënforced by the inevitable castration anxiety. But at length this wish, stifled by repression, ceded to rancorous hardheadedness.

The patient now related that she could not remember a Christmas which had been a time of joy and happiness to her; rather had it always been a time of anxiety and depression. This she had attributed to the fact that this holiday always

seemed to arrive in the middle of a series of misfortunes such as the loss of jobs or love objects; but on inspection this was seen to be the inevitable result of an annual preparation for disaster, a seasonal access in her assertion of power, masculinity and independence leading to open conflict with those for whom she worked, and strained relations with her intimates.

The patient now clarified the circumstances leading up to the abrupt termination of her earlier period of psychiatric treatment. At that time too she had developed a cervical discharge (a fantasied penis) just before Christmas. The psychiatrist referred her to a gynecologist who promptly cauterized the offending 'member'. The intense negativity to the psychiatrist which followed was quite beyond repair and directly after another black Christmas the patient, to use her own metaphor, unceremoniously 'pulled the whiskers off this fake Santa Claus' and took her angry leave.

This year for the first time in her memory the patient managed to absorb some of the Christmas spirit and to enjoy the gaiety of the season. Furthermore, her cervicitis disappeared as she became able to release a portion of her masculine strivings for service in more realistically productive channels.

The second patient was a single woman of twenty-eight whose phallic strivings were responsible for the development of a bizarre and disjointed personality. Always 'tough-mindedly realistic', a quality of which she was proud, the patient became more than usually acrid during the Christmas rush. The commercialism attending the holiday was revolting to her and she refused to participate. A special target for her withering comments was the preservation of the festival at a time when the world was at war and thousands of men were about to be 'hacked to pieces'.

The following dreams occurred at this time:

The patient came into the analytic room where a horrible sight met her eyes. In the air next to the wall above the couch was something in the form of a snake with its downward pointing head so raised that it stuck out from the wall

horizontally. On closer inspection the patient saw that what had given the appearance of a snake was really a collection of droplets of blood suspended in the air and conforming to that shape. She inferred that a snake *must have been there* but had been destroyed and that now only the blood remained as a sign of its former presence. The patient then felt easier when she looked down and saw a pool of glue in the middle of the analytic couch.

In her castration anxiety the patient found reassurance in the simple fantasy that analysis would restore (glue) to her her long lost penis in place of which she now had only menstrual blood. The association which gave the dream seasonal relevance was the similarity of the shape formed by the droplets to a stocking. This reminded her of the stocking she had hung by the chimney as a child on Christmas Eve.

A further elaboration of this theme occurred in a dream a few nights later.

The patient came into what appeared to be a schoolroom decorated for Christmas. A man who looked like Santa Claus except for the fact that he was dressed in brown instead of red, was drawing on the blackboard the picture of the mythical sea serpent. He did a splendid job and all the girls in the class including the patient applauded excitedly when he finished. Santa Claus appeared not to be fully satisfied with his work and erased a portion of the serpent somewhere in the middle, perhaps nearer the head, and on its underside. But before he had filled in what had been erased he dropped the chalk abruptly and left the room to follow a woman who had gotten up to leave. To the keen disappointment of the patient the picture was left unfinished.

Without going into the detailed analysis of this dream, which highlighted the anal and intellectual penis equivalents to which the patient clung, we can nevertheless grasp the meaning in relation to the Christmas legend. And like many animal tales told to children which probably have similar origins ('... And that is how the chipmunk got his stripes'; '... And that is how the bear lost its tail'), this dream too is in the form of a legend



designed to dilute the bitterness of the dreamer's fate ('... And that is why girls never got penises'). Legend is the past history of destiny, and the belief in legend may spring, paradoxically, from the acceptance of reality.

In connection with the analysis of these dreams the patient's earlier description of the onset of her first menstrual period at age twelve came up for rediscussion. The patient remembered being upstairs in her room on the day before Christmas where she indulged in pleasant daydreams of the lovely gifts which would fill her stocking the next morning. She remembered fantasizing a comparison between her anticipated haul and what her younger brother might get. He had always had 'more to play with' than she had. That afternoon, keyed up by heady fantasies, she broke a long standing moral resolve and gave way to an impulse to masturbate. What gifts she received the following day and what was the outcome of her competition with her brother was now completely gone from the patient's memory. All she remembered was that on that day her first menstrual flow had had its onset, terrifying her with the thought that she had injured herself in masturbation.

This had all the characteristics of a highly condensed screen memory behind whose chronologically telescoped drama lay a severe castration anxiety, an intense wish for a penis and the forlorn hope that Santa Claus would magically provide one. In the light of the repeated disappointment of this hope it is not surprising that the patient had long since come to look upon Christmas as a hateful season.

## BOOK REVIEWS

THE NEUROSES IN WAR. Edited by Emanuel Miller. With a concluding chapter by H. Crichton-Miller. New York: The Macmillan Co., 1940. 250 pp.

The last World War became a war of nerves because it changed from a war of movement into a war of positions. Not only the acute instances of horror and shock in active warfare, but even more the inexorable element of 'time' proved an excessive burden to the 'nerves'.

In normal times, the psychiatrist in the army had been something of a luxury. His function lay merely in diagnosing the cases brought to him and in most cases, eliminating the patient from the army. During the last World War it suddenly developed that the 'psychic trauma' which a member of the fighting forces may have suffered, was of far-reaching importance, hardly secondary to physical injury. Many soldiers who had been found to be in good health physically as well as mentally at the time of their enlistment, showed symptoms of what was first called 'war hysteria'. Military psychiatrists, wavering in their attitude towards this nosological syndrome, could not make up their minds whether to consider the etiology organic or simply a matter of simulation. They were faced with the unfamiliar task of treating this host of war neurotics, curing them, and, if possible, returning them to active service.

Today we are engaged in another World War. Therefore it is of inestimable importance that at this moment there appears a book in which the experiences with the observation and treatment of war neuroses gathered during the last World War are compiled in a clear and systematic fashion. The importance of this is especially great as the present war is clearly destined to cause as yet incalculable ravages in the mental as well as in the physical health of the peoples involved.

The analyst will derive considerable satisfaction from the fact that this book is written entirely in the spirit of Freud. During the last World War those few of us who had already been taught the dynamics of the mental system by Freud, had to fight bitterly for the general recognition of the fact that mental disturbances

respond to objective study and treatment as well as injuries or organic disease.

A detailed survey of the literature of neuroses in war, in which psychiatrists have set down their experiences with 'war neurotics', is the foundation of the valuable book. My only objection is that my own first publication on such experiences during the years 1916-1918 is not included, a booklet entitled *War Neuroses and Mental Trauma* (published in 1918 by Nemnich at Munich). In this booklet I proved that the existence of war neuroses does not disprove Freud's assumption on the psychogenesis of neuroses, as was then maintained. On the contrary, a genuine war neurosis is always the manifestation of an individual instinctual conflict precipitated by the experience of war.

The 'survey of literature' gives the reader a fairly good idea of the far-reaching consequences 'shock' may have in the case of the individual soldier. Crichton-Miller writes: 'A bayonet attack, or the sight of the mangled body of a comrade, will arouse a horror in anyone, but will provoke a disproportionate reaction in individuals in whom there are pre-existent unrecognized conflicts over violence and aggressiveness. . . . During war not only was the general taboo on aggressiveness and violence diminished, but they were forced by military service into situations which inevitably stimulated the aggressiveness, and hence provoked anxiety. This anxiety is a signal of a threatened breakdown of defenses against aggressive impulses.' In his chapter, *Mode of Onset of Neuroses in War*, Milleis Culpin presents his observations on the transition stages from physical injury to hysterical conversion symptoms. He refers to the suggestive force of the faulty diagnosis, and does not fail to mention that 'the hysterical symptom is often only an excrescence upon a serious anxiety or obsessional state'. He concludes: 'A single hysterical symptom must not be regarded as more than a pointer to the general condition'. In the chapter on *Clinical Case Studies*, it is again the general principle to consider the symptom of the war neurotic as a disturbance of the personality as a whole. This is especially stressed in connection with the therapy. The authors mention cases where an indiscriminate application of the method of suppressing neurotic symptoms by hypnotic suggestion produced 'a regressive retreat into mental changes, even into an irreversible schizophrenic state'. All the authors stress the theoretically and practically vital discrimination between the pre-

precipitating factor and the deeper causal factor in the structure of a war neurosis. They all agree that physical strain and mental exhaustion rank among the precipitating factors, while the underlying cause is to be found in the more deep-seated, unconscious conflicts.

It is regrettable that the circumstances of war prevented the thorough analysis of some war neurotics, as, for instance, in the case of a soldier who suffered from vertigo and convulsions. 'After six months' strain, he saw a man suffer complete decapitation from a shell fragment.' The careful therapist, however, discovered that 'the soldier had a repeated "fantasy of a child being beaten", and that he had a strong father attachment of an ambivalent character'.

The authors investigate the relation of normal fear, in different actual danger situations, to the development of mental disturbances on the one hand, and to neurotic anxiety on the other. Emanuel Miller, in his chapter on Psycho-Pathology and the Theory of Neuroses in Wartime, presents a detailed study of considerable interest not only to the general psychiatrist but to the psychoanalyst as well. Especially interesting is his discussion of the discharge of aggressions in its relation to military discipline. Even the feeling of guilt, the relation of the soldier-ego to its superego, has not been neglected.

Of course a sufficiently large part of the book is given to the experiences gained by the different methods of treatment. Here the authors state that 'the difference between the neuroses of war and those of ordinary life have great therapeutic importance. Since the main causes are recent and objective in nature, superficial forms of treatment, which would certainly not be adequate to relieve the more deep-seated neuroses of ordinary life, are often sufficient to restore war patients to their former state of health. Left in the danger zone, most individuals become acclimatized; in others, especially the predisposed, the reinforcement of the stimulus perpetuates the disordered reactions to such an extent that removal from the recurrent stimulus is essential for cure. . . .' The author wisely adds that removal from the traumatic situation as a therapeutic factor is frequently insufficient, as in such a case there is conflict not between the patient and his surroundings, but an 'endopsychic conflict within himself'. For the application of hypnosis he recommends cases 'of simple anxiety, in which con-

dition is determined by a present-day situation'. It is of particular significance that the author applies to suggestion therapy the psychoanalytic knowledge about the ego structure which Freud has taught us. 'Suggestion is used to back the ego against the over-consciousness and false standards of the super-ego, and encourage the natural expression of such repressed tendencies as assertiveness and even of fear itself.' In cases where hypnotic suggestion is contraindicated, 'hypno-analysis' is recommended, and described by Hadfield. This hypno-analysis is applied according to the principles and technique Freud introduced in his first treatments of hysteria.

Maurice B. Wright discusses other psychotherapeutic methods. He recommends a combination of 'persuasion, reassurance and re-education' for all the many cases where psychoanalysis, even in a modified form, is unnecessary or impossible. That the author does not abandon his purely medical attitude even in the question of military discipline, is clearly shown in the following remarks: 'The question of discipline as a therapeutic measure is important'. And, later: 'If the patient resents discipline, then this resentment must be analysed, so that he may realize its significance.'

In the chapter *The War of Nerves*, W. R. Bion communicates to us his interesting views on 'civilian reaction, morale and prophylaxis'. The author investigates problems of mass psychology and the psychological tactics of the enemy, aiming at the paralysis of normal fear reactions. He investigates the differences of the mental situation between the soldier, an active participant in the fighting, and the civilian population passively exposed to a bombardment. This chapter is based on a thorough knowledge of mental stress and mental conflicts.

It is, of course, only natural that the book as a whole leaves unanswered some questions which are of particular interest to the psychoanalyst. I refer for instance to the unconscious castration fear, certainly the nucleus of most neurotic anxiety reactions of the soldier. Also, the classification of the individual neuroses does not always agree with the psychoanalytic concept of them. This, however, does not diminish the value of this excellent book, which is not intended to be a psychoanalytic treatise but merely a guide for the military psychiatrist.

I am certain that the book will fulfil its purpose: to help the fighting armies to heal the mental wounds of its members and thus



to enhance their fighting force. It will help the individual war neurotic to get well, and to fill the place his mental health permits him to occupy. It will help the threatened civilian population to protect itself against the assault on their nerves. Last but not least, the book should be studied by all who practise mental hygiene and whose task it is to protect public mental health. This book points out the mental dangers threatening a population as an aftermath of a war such as the present one.

No physician who has read Dr. Miller's valuable book will be troubled by the conflict which beset many a psychiatrist during the last war: the conflict over deciding which of the two is of the greater importance: the proper treatment of war neurotics, or the need of the army for a sufficient number of men.

ERNST SIMMEL (LOS ANGELES)

DAS PSYCHOANALYTISCHE VOLKSBUCH (The Psychoanalytic Popular Reader), Volume I, II of *Bücher des Werdenden* (Books of Evolution). Edited by Paul Federn and Heinrich Meng. Third extended and revised edition. Berne, Switzerland: Verlag Hans Huber, 1939. 733 pp.

This book is an attempt to present to an interested and intelligent public of laymen the discoveries and theories of Freud. Considering the difficulties of such an undertaking, one may say that this attempt is a success. The contributions of Aichhorn, Alexander, Federn, Jekels, Jones, Landauer and Meng—to mention only some of the authors—live up to the highest standards of popular presentations of scientific subjects.

It is however doubtful whether it is wise to present to a public of laymen the entire structure, including the controversial areas, of a science such as psychoanalysis, which is still in the process of growth. One should in any case mention that certain theories are contested by important groups of full-fledged psychoanalysts in good standing. To include, furthermore, problems of only theoretical or technical interest can only add to the confusion and the resistance of the lay reader.

The book is divided into four parts.

In part I, Psychology, Landauer, developing the concept of death instincts, does not mention a word about the difference of opinion on this subject among psychoanalysts. Alexander's defense against the 'reproach' of pansexualism is not effective either. His

argument (p. 117) is that it is the fault of society that sexuality is so important, because society laid such a strong ban on sexuality. But he does not say what other impulses there are which could be repressed by society, nor does he explain why the sexual impulses were singled out for repression. As a matter of fact one could point out, if one believes in the existence of a death instinct, that it is still more repressed than the sexual impulses. The only honest attitude would be to admit that until now psychoanalysis, as the science of the psychic unconscious, has as yet not detected with certainty anything but libidinal contents in this unconscious, and that the assumption of other impulses, the death instincts, is based rather on theoretical deliberations and loans from biology than on direct psychoanalytic observation. But whether it is practical to present at all such a disputed matter to the judgment of a layman who has no other basis for judgment than introspection, is more than doubtful.

Jekels presents (pp. 83 ff.) Federn's theory of the ego-object relations. This theory is very interesting and may become fertile for the further development of theoretical ego psychology. But I doubt whether the layman will profit very much from such concepts as 'cathexis of the ego boundaries' or 'extension and contraction of the ego boundaries'. A simple explanation that our attention oscillates between objects, body and ego might have conveyed a better understanding. 'Cathexis' is a quantitative energetic term which remains purely theoretical as long as we have no means of measuring libidinal quanta.

It might be said of the entire part I (psychology) that the desire of the editors to present the whole of psychoanalytic psychology and its theory is in conflict with the main purpose of the book to be a popular introduction to the science. Less would have been more.

Part II, Hygiene, is the best part of the book, thanks to the clear presentation of one contribution by Aichhorn and three contributions by Meng. Federn contributes a section which ought to be most helpful for people struggling with neurotic sexual symptoms. Discarding intricate theory he deals in two chapters with the physical and mental hygiene of sex life without presupposing any knowledge of these things on the part of the reader. In these chapters there is a deep and genuine promise of help for those who suffer without knowing why.

Part III deals with pathology. Here a general pathology which sought to acquaint the layman with the broader aspects of the symptomatology of neuroses and psychoses might have been better than the authors' attempt to present the special pathology of disorders like hysteria and compulsion neurosis. An exception is the contribution of Meng (*The Psychic Diseases of the Child*) in which symptoms are discussed rather than circumscribed neuroses. A similar chapter about the symptomatology of adolescence and adulthood might have been better and shorter.

In Hollos' contributions about psychoses one misses even a bare hint at the hereditary and constitutional factors involved, and the layman who is told that the whole story of psychosis can be explained in terms of regression to infantile fixations, is being given a very one-sided picture indeed.

In Part IV, *The Science of Culture (Kulturkunde)*, one misses contributions of such outstanding authors in this realm as Theodor Reik and Géza Róheim. The chapter about dissenting schools would be entirely satisfactory if the discussions of Bleuler (especially the point where he departs from psychoanalysis) and W. Reich (whose important contributions to psychoanalytic technique are not even mentioned) were not so incomplete. The contributions of Jones (*Psychoanalysis and Religion*) and Sachs (*Psychoanalysis and Poetry*) show the clarity and mastery of subject to which we are used with these authors.

CARL M. HEROLD (NEW YORK)

THE INTEGRATION OF THE PERSONALITY. By Carl G. Jung. New York and Toronto: Farrar & Rinehart, Inc., 1939. 313 pp.

The chapters of this volume were originally given as lectures at the Eranos Meeting at Ascona, Switzerland, and deal specifically with a process which the author calls 'individuation', defined as 'the psychological process that makes of a human being an "individual"—a unique, indivisible unit or "whole man"' (p. 3). His now famous concept of the collective unconscious is discussed in great detail. The book is written with a casual display of erudition that is at times somewhat staggering.

Jung discusses briefly Janet's and Freud's concepts of the unconscious, stating that according to both theories 'the unconscious is little else than psychological material that happens to lack the quality of consciousness, though it need not do so, and that differs

in no other way from conscious contents'. This is a rather surprising statement and certainly cannot come from the author's unfamiliarity with the freudian concept of the unconscious. One need but read his early *The Psychology of Dementia Praecox*<sup>1</sup> and recall his earlier work in Bleuler's clinic. It is perhaps of some significance that he further adds that both Freud and Janet base their theories on cases of neurosis and that neither of these authors had any psychiatric experience. In a footnote he states: 'The first time Freud applied his point of view to a psychosis was in the famous Schreber case (1911) to which I had called his attention.' Curiously enough, the author states in *The Psychology of Dementia Praecox* (p. 28), 'In 1896 Freud analyzed a paranoid condition, Kraepelin's paranoid form of dementia praecox, and showed how the symptoms were accurately determined according to the scheme of the transformation mechanism of hysteria. Freud then stated that paranoia, or the group of cases belonging to paranoia, are a defensive neuropsychosis.' The reviewer emphasizes this point for the 'record', if nothing else.

There are certain parallels to the process of individuation, of which, according to the author, gnosticism bore a most striking resemblance in its symbolism. In alchemy he discovers the requisite mediæval exemplar of the concept of individuation and he devotes the fifth chapter to a discussion of this idea.

Nowhere is Jung's allergy to sexuality more amply demonstrated than in the second chapter of this book, *A Study in the Process of Individuation*, in which he reports on a fifty-five-year-old female patient, according to him neither morbid nor neurotic, who executed a series of paintings which is reproduced in this book in five plates. It is difficult within the scope of a brief review to enter into a detailed discussion of the type of interpretation used. In relation to Plate IV one may use the author's own description: 'A black snake with golden mercury wings rears itself above the sphere and thrusts downward into it. Fire breaks out at the point of penetration. The mind wished again to suggest that the sphere repulsed the serpent; but the eye denies this. The sphere is red and blue, with a tripartite arrangement within: there are two green elements and one of gold. The kernel is surrounded by the silver of the mercury. A trinity is thus arrayed against the one, the

<sup>1</sup> Jung, Carl G.: *The Psychology of Dementia Praecox*. Nervous and Mental Disease Monograph Series, No. 3. New York, 1909.

serpent: the three in one against the devil, who is the fourth. . . . The devil is here also the animus, the one who is always right with respect to collective opinion, but who always gives false judgments in individual cases. This picture with its objective realization of important contents, led up to a turning point in the patient's psychic life. A climax was reached in her spiritual endeavours. To give her courage, I showed her a painting executed by a man, in which the serpent rises from below. This gave her a sudden light, and she understood that the whole process was impersonal in its nature. She seized upon the important truth that the ego is not the centre of psychic life; that it revolves around the self, the centre, like a planet around the sun; and that this is consonant with universal laws. The discernment of this truth played a decisive role in her later life' (pp. 37-38).

The third chapter deals with the collective unconscious along now familiar lines. There is a discussion of the hierarchy of the personal consciousness, the personal unconscious, and the deeper layer of the collective unconscious. The contents of this collective unconscious are the so called archetypes. There is a brief discussion of the symbols of transformation which portray the process of individuation: 'To the beginning of the process belong chiefly animal symbols, such as the serpent, bird, horse, wolf, bull, lion, and so forth. The serpent is a chapter in itself, for it has outspoken kinship in myth with the dragon, the black amphibian or reptile (in the diminutive, also the houseless wood snail and worm), the crocodile, the crab (in the diminutive, insects of every kind). The frog, on the other hand, . . . ' etc. (p. 93).

Chapter IV deals with dream symbols of the process of individuation, and is based upon the first four hundred dreams of one patient, dreamed over a period of ten months. For the first five of these months the process was observed by one of Jung's women pupils, a doctor, under his direction, and then for three months the patient conducted the observations himself; so that three hundred and fifty-five of the four hundred dreams occurred without any personal contact with Jung. He emphasizes, quite rightly, that there is a great deal of popular misunderstanding about the interpretation of dreams. He states, 'We must renounce preconceived opinions in the analysis and interpretation of objective-psychic (so called "unconscious") contents' (p. 98). He proceeds with a dis-



cussion of the rules for dream interpretation, while admitting that the method followed in the study seems to run directly counter to his basic attitude towards dreams. The dream context is the important thing; 'but here we are dealing not with isolated dreams, but with several interconnected *series* in the course of which the meaning gradually develops to a certain extent of itself. *For the series is the context, and the dreamer himself supplies it . . . so that the reading of all the texts is sufficient in itself to clear up the difficulties of meaning of each single one*' (p. 101. Jung's italics). The third dream reported with the author's interpretation is characteristic to some extent of his technique: 'The subject "daydreams" that he is on the seacoast. The sea breaks into the land, overflowing everything. Then he is seated on a lonely island.' Interpretation: 'The sea, as earlier chapters have suggested, is the symbol of the collective unconscious because it hides unsuspected depths under a reflecting surface. Those who stand behind him, the shadowy and demonic *συνπαθείς*, the "companions who travel along," have broken like a flood into the *terra firma* of consciousness. Such irruptions are uncanny because they are irrational and inexplicable to the individual concerned . . .' (p. 103). It is perhaps unfair to extract two items from a long and exceedingly complicated chapter. However, the rest of it must be read to be believed.

The fifth chapter, on the idea of redemption in alchemy, is perhaps the most interesting in the book. In it the author discusses the process and symbolism of mediæval alchemy and demonstrates the rôle that the projection of the unconscious played in the theory and practice of the mystic art. He particularly stresses the ritualistic aspect of alchemy and the emphasis upon the need for inner purity of the practitioner. He traces the identification of the *lapis* with the Christ figure and surmises that Christian symbolism was influenced by alchemy. It seems that as early as the 13th or 14th century, in the Codicillus, this passage appears: 'And as Jesus Christ, of the house of David, took upon himself human nature in order to free and to redeem mankind who were in the bonds of sin because of Adam's disobedience, so also, in our art, the thing that is unjustly defiled by the one will be absolved, cleansed and delivered from that foulness by another that is contrary to it' (p. 253). Of particular interest are the terms used by alchemists

and the description of the process, in which the incest motive plays an important rôle. A further quotation, from the *Tractatus Aureus* ascribed to Hermes, is of interest: 'Our most valuable stone, which was thrown upon the dung-heap has become altogether mean. . . . But when we marry the crowned king to the red daughter, then in a weak fire, she is gotten with a son, and he lives through our fire. . . . Then he is transformed, and his tincture remains as red as flesh. Our son of royal birth takes his tincture from the fire, whereupon death and darkness and the waters take to flight. The dragon fears the sunlight, and our dead son will live. The king comes out of the fire, and takes joy in the wedding. The hidden treasures are disclosed. The son, already come to life, has become a warrior in the fire and surpasses the tincture, because he is himself the treasure and himself bears the philosophical *materia*. Gather together, ye sons of wisdom, and rejoice, for death's dominion has found an end, and the son reigns, he wears the red garment and is clothed in the purple' (p. 253 ff.). His conclusion is that the alchemist projected what he calls the process of individuation upon the processes of chemical transformation and that this represented the projection of the archetypes from the collective unconscious.

In view of Jung's eminence in certain circles as a psychologist and leader of social thinking, the final chapter of the book, on the development of personality, will repay close study. It contains some of the choicest antidemocratic thinking to be found outside a Ministry of Propaganda and Enlightenment tract. In reference to a quotation from Goethe, the author states: 'It thus fittingly recognizes the historical fact that the great, liberating deeds of world history have come from leading personalities and never from the inert mass that is secondary at all times and needs the demagogue if it is to move at all. The paean of the Italian nation is addressed to the personality of the Duce, and the dirges of other nations lament the absence of great leaders' (p. 281). To this is appended the following final footnote of the book: 'This chapter was originally given as a lecture entitled *Die Stimme des Innern* at the Kulturbund, Vienna, in November, 1932. Since then Germany, too, has found its leader' (p. 305).

M. RALPH KAUFMAN (BOSTON)

BAUSTEINE ZUR PSYCHOANALYSE. (The Fundamentals of Psychoanalysis.) Four Volumes. By Sándor Ferenczi. Vols. III and IV published by Verlag Hans Huber, Berne, 1939. Vols. I and II published by Internationale Psychoanalytischer Verlag, 1927.

These four volumes embody a very conscientious and devoted attempt upon the part of the editors to make the *Bausteine zur Psychoanalyse* together with the *Versuch einer Genitaltheorie* a complete collection of Ferenczi's psychoanalytic works. Even notes left behind by Ferenczi as outlines for articles which he never put into form for publication are very carefully collected by the conscientious editors. The two new volumes include a number of Ferenczi's most significant papers, among which we may mention especially his papers on pathoneuroses and on the psychoanalysis of the war neuroses, his psychoanalytic comments on general paralysis, several of the papers developing Ferenczi's ideas concerning 'active' technical measures in psychoanalytic therapy, and all of the later papers dealing with Ferenczi's experiments in more complete abreaction of psychic traumata which absorbed the greater part of Ferenczi's interest in the last years of his life.

If we review the abundant scientific activity of these collected volumes, we cannot help being reminded of the tremendous fertility and versatility of this exceedingly stimulating leader in the development of psychoanalysis, who was continually dropping little hints upon one practical or theoretical topic after another, and whose suggestions covered such diverse themes as practical technical suggestions concerning active therapy, highly stimulating theoretical speculations concerning the evolutionary origin of the genital strivings, the influence of organic illness upon the psyche, an exceedingly suggestive paper upon the development of the sense of reality, and many others.

THOMAS M. FRENCH (CHICAGO)

FROM THIRTY YEARS WITH FREUD. By Theodor Reik. Translated by R. Winston. New York and Toronto: Farrar and Rinehart, Inc., 1940. 241 pp.

He who has not known Freud personally at all or who has met him only on few occasions will reach eagerly for a book the title

of which promises to bring that great man humanly nearer to his admirer. But he will be bitterly disappointed in Reik's book. In the preface Reik describes dramatically (and not without journalistic inflections) how the etching of Freud above his desk comes to life as he lays down his pen, interrupting his work, and looks up at the master's portrait. But that portrait, unfortunately, comes to life only for Reik; and it is the only thing about Freud that 'comes to life' in the whole book. Except for some verbal description of him and some short remarks about certain episodes which are scattered in the first two chapters we read little about Freud but a lot about Reik. We would be content not to be presented with a biography in this instance and would willingly 'dwell on Freud chiefly as a man and scientist', but we are less prepared to accept the author's suggestion that his (Reik's) 'own life and work and books . . . testify to what profound effect Freud's scientific work has had' upon Reik. The apparent theme of the book is: 'The achievements of the disciple are the laurels of the master' (p. 3).

Many of us who have ourselves experienced the profound effect of Freud's scientific work will feel that reading Reik's review of *Civilization and Its Discontents* (Chapter VI) and the not very staggering critical flourishes which he adds to *The Future of an Illusion* and *A Study of Dostoyevski* does not add measurably to this effect. To prove that Freud was able to listen to an understanding criticism (without giving in in essentials) and be nice about it, a few characteristic anecdotes might have been more effective than whole chapters of a disciple's scholarly arguments.

The last six essays in this book are a selection from essays which Reik dedicated and sent to Freud 'on his successive birthdays as a token of . . . [his] regard'. Outside of the fact that these pieces were birthday gifts to Freud, they have nothing to do with him as a 'man and scientist' and hence do not merit review in this place. Should they ever reappear in a volume with some title like *Thirty Years with Reik*, this reviewer, who has a high regard for some of Reik's previously published works, will be glad to give them due critical attention.

FRUSTRATION AND AGGRESSION. By John Dollard, Leonard W. Doob, Neal E. Miller, O. H. Mowrer, and Robert R. Sears. New Haven: Yale University Press, 1939. 209 pp.

This book is a coöperative project which serves the valuable purpose of bringing into sharp focus the vital rôle of frustration and aggression in social problems. It does so by drawing on certain observations concerning frustration and aggression made by a number of authors, including Freud, systematizing these into a series of propositions, and then applying the theory to observations of the authors and also of many other workers upon a variety of sociological phenomena. One anticipates much from the application of psychoanalytic knowledge to these problems but some disappointment is perhaps unavoidable, for this is one of the first attempts by sociologists to apply to their own subject knowledge taken over from another field. The discussions of the various sociological themes, while stimulating, interesting and provocative, suffer from the attempt to set up and apply deductively a system which not only is not adequately proven or tested, nor based upon well-established psychoanalytic knowledge, but is even at certain points contrary to it.

The subjects reviewed are: Socialization in America; Adolescence; Criminality; Democracy, Fascism, and Communism; and A Primitive Society--The Ashanti. Although analysts will find little that is new in the interpretations, the application itself is interesting and illuminating, particularly as it is made in connection with the observations of many sociologists, psychologists, and other non-analytic workers. For example, the discussion of criminality brings out its aggressive elements as arising from frustrations in connection with economic, vocational and educational status, with the adolescent and postadolescent period, with inferior size, the position of minority groups, illegitimacy, the form of government, and so on. Some errors and omissions are perhaps unavoidable where considerable sections of work on such large fields are reviewed. For example, analytic writers on criminology are represented as concluding 'that all criminals are mentally disordered' (p. 138). This is a surprising misinterpretation of statements quoted in the text to the effect that '... delinquent and criminal behavior is instigated by psychological mechanisms (mainly unconscious) which are basically



similar to those believed to be operative in the neuroses and functional psychoses'.

The plan of the book is formulated in the introduction. 'It [the book] begins with a problem or a group of problems that are real in the experiences of daily life. As a first step towards the solution an attempt is made to define them more precisely, to explore their boundaries, to spot their essential facts, to formulate a system of concepts about these facts—in short, to develop a tentative theory or hypothesis that is based on the available data. This hypothesis is then used as a guide to further inquiries which are more precise and detailed and which yield data that are more systematic and closely interrelated. These data, in turn, are used for the further revision and refinement of the hypothesis. When this procedure of induction-deduction has been carried far enough it has been found, especially in the physical sciences, that the theory or hypothesis can be stated in mathematical terms. At this point the precision and power of mathematical methods may be employed and the theory approaches its fullest predictive value.'

The basic postulate is that aggression is *always* a consequence of frustration. A sample of some of the other propositions is the following:

'1. The strength of instigation to aggression varies directly with the amount of frustration. Variation in the amount of frustration is a function of three factors: (1) strength of instigation to the frustrated response; (2) degree of interference with the frustrated response; and (3) the number of response sequences frustrated.

'2. The inhibition of any act of aggression varies directly with the strength of the punishment anticipated for the expression of that act. Punishment includes injury to loved objects and failure to carry out an instigated act as well as the usual situations which produce pain.

'3. In general it may be said that, with the strength of frustration held constant, the greater the anticipation of punishment for a given act of aggression, the less apt that act is to occur; and secondly, with anticipation of punishment held constant, the greater the strength of the frustration, the more apt aggression is to occur.'

It will immediately be apparent that these propositions are not only not statements of psychoanalytic knowledge, but are in part contradictory to it. Nor do the authors state how they arrived at these theories. It does not seem to the reviewer that certain cases of aggression can be described as the result of frustration without the use of excessive ingenuity. For example, that seen in paranoia as a

defense against an attraction, or as a defense against a disturbance of the personality organization, and so on. Moreover, simple self-defense when attacked is certainly not best described as aggression from frustration, unless the term frustration is used so generally as to severely dilute its meaning. As to the anticipation of punishment affecting aggression, Freud pointed out a mechanism now well recognized, that many individuals, both children and adults, become aggressive, even criminal, in order to get themselves punished because of their own unconscious sense of guilt. The risks of punishment certainly add to the attractiveness of crime as a career for many adventurous men. Alexander has pointed out the part played by the lag of the frontier ideals of individuality, independence and daring, in leading into crime as a serious career youths who now find themselves in a mechanized civilization which so little satisfies these ideals. It has been said that the church added a new zest to life when it made sex a sin. And so on.

No critical test of the system of propositions is made, but only the effort to demonstrate them in the situations examined. This demonstration is the significant part of the book, but certainly this objective would have been better accomplished on the basis of a preliminary statement of the well established and recognized psychological relationships, without attempting to set up a rigid system. For this is the effect, despite the announced intention of utilizing only a working hypothesis. Perhaps this system is warranted, but it exposes the work to the danger of making applications of hypotheses when these hypotheses themselves are not adequately tested, and when in fact they are not correct. The rigid system diminishes the value of the generalizations by giving them a precision of form which does not hold for the content. A system based so much on logic, however it may facilitate thought and help one find his way amidst complex observations, also runs the risk of constraining thought and observation. No room is left, for example, for the questions of aggression as a regressive satisfaction, or of its erotization, or for those considerations which led Freud to postulate a primary aggressive drive.

A few examples will illustrate how the great value of the demonstration of the rôles of frustration and aggression in social situations is diminished by the application of too rigid formulæ which lead to oversimplification and to blurring of the distinction between what is hypothesis and what is established fact. Race

prejudice is 'explained with the help of the present hypothesis' (p. 151). The explanation advanced is the well-known one of Germany's defeat in the last war causing hurt prestige, economic depressions, etc., with consequent aggression which finds an outlet against the Jews. But (p. 155) 'anti-Semitism had always existed in Germany and it was possible to resurrect and strengthen this traditional patterning'. The formula adds little and obscures such complexities as the reasons for the strength of this traditional pattern in Germany as compared with other countries, the relationship of anti-Semitism to homosexuality and the castration complex, the role of projection and of reaction against masochism, the specific as well as the general factors which involve not only the psychology of the anti-Semites but also that of the Jews and of the Jewish religion, and so on.

One wonders whether the goal of mathematical precision in the form sought for here is a possible one for this science. In anatomy, no mathematical formulæ can replace a knowledge of the structure of the body. To measure psychological impulses in individual cases and then develop the mathematical laws of their operation is a crying need of the science of the biological drives and of the emotional life—a need which we hope will be satisfied in the not too far future. But that mathematical formulae can be developed without the basic measurements seems doubtful and liable to lead not to increased understanding of reality and its laws, but away from it toward a realm of abstraction and to an overvaluation of thought and logic over observation and fact.

The failure of the attempt to set up a logic tight system will not surprise those psychoanalysts who see the importance of avoiding too early crystallization and formalization of theory in a young and rapidly developing observational science. Freud deliberately avoided this, keeping it a series of working hypotheses being constantly tested and revised through experience and new observations. It is not a correct representation of the content, method, or spirit of Freud's work, which is above all empirical and inductive, to say that he makes extensive use of a frustration-aggression *hypothesis*. The examples used in the text are from the discussions of the persistence of childhood emotions in dreams (in the Introductory Lectures) and are in no sense the inductive applications of a hypothesis. They are empirical observations, so commonly made that Freud says in discussing them, 'Why do I speak of these things,

so banal and so well known?' He, as all analysts do, saw in the observational material the significance of frustration, aggression and displacement, but did not consider this knowledge adequate for the erection or acceptance of any formal universal statements with which to work deductively. The only hypothesis concerning aggression developed by Freud is not utilized in this book. The analytic references, incidentally, are quite incomplete. For example, the aggressive element in wit is pointed out without reference to Freud's work, and the Ashanti are discussed without reference to Totem and Taboo.

This book is another sign of the application of psychological knowledge to sociological problems. It succeeds in its aim of placing '... within the common discourse such diverse phenomena as strikes and suicides, race prejudice and reformism, sibling jealousy and lynching, satirical humor and criminality, street fights and the reading of detective stories, wife-beating and war,' and in so doing, should prove of interest to both analysts and sociologists despite its serious limitations.

LEON J. SAUL (CHICAGO)

**MUCOUS COLITIS. A Psychological Medical Study of Sixty Cases.** By Benjamin V. White, M.D., Stanley Cobb, M.D., and Chester M. Jones, M.D. Psychosomatic Medicine Monograph 1. Washington, D. C.: National Research Council, 1939. 103 pp.

This extensive monograph on an old and perennially interesting disorder, for many years resident in the borderland of neurosis, consists of seven sections, preceded by a Foreword. The Historical Review traces thought about it from Woodward and Da Costa to the present. The second section (Clinical Syndrome), aside from the usual considerations implied by the title, emphasizes the frequency of low physical efficiency and the importance of evidence of dysfunction of the autonomic nervous system (without clearcut preponderance.) The presence of symptoms of increased tension in the physiological as well as the psychological activities of the *central* nervous system is also noted. The third section (Experimental Production of Lesions) surveys the experimental field briefly, with special reference to previously published work of two of the authors, concerning induced changes in the recto-sigmoid mucosa of normal medical students. The section on



Psychological Considerations (IV) occupies fifty-five pages. Its contribution will be mentioned below. Section V (Rôle of the Autonomic Nervous System) considers the autonomic physiology of the large intestine, deals at length with the Schneider and Turner tests of physical efficiency, and compares the personalities of patients with mucous colitis and bronchial asthma respectively. The sixth section (Therapy) deals with its subject under several headings and proposes a catholic approach, ranging from low residue diet to 'assistance in solving conflicts'. To the seventh section, the Summary, are appended a Glossary, largely of psychiatric terms used in the text, and a Bibliography.

The authors' own essential conclusions may be condensed and paraphrased as follows: the thesis is thought to have been developed that mucous colitis is a physiological colon disorder, dependent on parasympathetic activity. This is based on observed changes in the colon due to systemic effects of cholinergic drugs. (Stated with certain scientific reservations). Emotional tension is the most common source of the parasympathetic overstimulation. Predisposing to such tension are specific personality traits: overconscientiousness, dependence upon the opinions of others, and 'sensitivity'. Persons with such traits are thought to be specially disposed to anxiety when their egos are threatened, most notably by the danger of criticism. 'In this circumstance, they often experience the feeling of guilt.' They are also prone to develop extreme resentment when subjected to injustice, although their criteria of injustice may be distorted by their own overconscientiousness. The three most common emotions associated with tension in mucous colitis are: resentment, anxiety, and guilt, with resentment preponderant. To the preponderance of suppressed resentment is ascribed the dominance of parasympathetic activity. The duration of tension with its putative neurophysiologic effect is thought dependent on the duration of the patient's rumination on the pathogenic problems. Constant preoccupation with such problems is encouraged in many instances by a 'rigid obsessive method of thinking'. The stated personality characteristics, 'tension, anxiety, resentment, guilt, sensitivity, and rigidity of thought', are present with almost equal frequency in the 'more neurotic' and 'less neurotic' groups of patients. (These are separated by the presence of 'more or less incapacitating personality problems', i.e., manifest psychiatric symptoms, excluding the intestinal dis-



order.) The 'more neurotic' patients do not conform to a standard nosologic group but present anxious, obsessional, and phobic symptoms. An acute or chronic *tensional state* is the nearest to a common denominator. Hysteria is of minimal incidence. There is a close association between 'conscious and emotional' (conscious emotional?) tension and symptomatic exacerbation in the 'less neurotic' patients, less striking in the 'more neurotic'. A variety of physiological and pathological conditions are thought to predispose the organism to the development of the characteristic lesions. 'Symptoms arise when an unfortunate combination of psychological and physiological events cause morbid functions.'

Certain specific findings presented within the text are interesting. No correlation with body type or 'temperamental warmth' is apparent. A high incidence of sexual 'indifference' is observed. Minor compulsions are frequent; no compulsions are major problems. Incapacitating obsessions are not present; rigidity, rumination, and indecisiveness in thinking are common. There is a general impression that 'the tendency toward excessive neatness, compulsive completion of tasks, meticulous care in avoiding errors, and overconscientiousness in meeting obligations was distinctly a characteristic of the group'. Minor phobias are frequent. Depressive tendencies of vague type and lability of mood are frequent. 'Secondary gain' is negligible. In the character grouping (according to E. Kahn) there are no conspicuously independent characters; a high degree of 'ego dependence' is present in a large number of cases; the remainder are normal or 'ambitendent'. The attempt is made to correlate and compare these character types with the gastric, colon (colitis?), and constipation types of Alexander, with correlation between the diarrhoea and constipation phases of mucous colitis and what are regarded as the corresponding character types. Some basis for character differentiation in upper and lower gastrointestinal disease is corroborated and some special case material adduced to support this. In Rorschach tests on twenty-three patients, the essential findings are: (1) small number of whole responses; (2) movement seldom noted; (3) slight but inconsistent increase in color response; (4) certain types of response supporting the impression of rigidity of thought and lack of imagination.

In the psychological section, the authors eschew the methodological extremes of psychoanalysis and the mere chronology of social mishaps. They select a middle course in which a fairly

adequate anamnesis of each patient is taken and his current mental status described in detail. The personality studies are based on the classifications of Eugen Kahn. It is frankly stated that no attempt is made to study unconscious phenomena in any of the patients. The omission of the psychoanalytic approach is principally a matter of expediency (because of statistical volume), yet apparently not without an enthusiastic belief in the special value of the type of personality study employed. Having begun with this point of view, however, the authors would have done better to have consistently maintained it, to the exclusion of the psychoanalytic references, comparisons; and attempted correlations in the paper. The effort to tabulate together basically different concepts such as those of Freud, Kahn, Kretschmer and Adler in one instance, and Alexander, Kahn, and Adler in another, is superfluous and can lead only to the confusion which the authors 'risk'. The wish for a single-minded approach is expressed, although the present writer believes that careful psychoanalytic study of a single patient with mucous colitis must yield vastly more than many 'cross-section' studies in the direction of deep understanding of the character development, the incidental neurotic symptoms, the reaction to the current situation, and the presenting intestinal syndrome, all of which must be dynamically and genetically related, in so far as the emotional factors are at all important. A clear-cut descriptive and anamnestic presentation of the adult personalities and experiential reactions of individuals with a given somatic syndrome has unquestionable value which may be enhanced as time goes on by the increment of more fundamental (i.e., psychoanalytic) study, just as gross pathological anatomy increases in meaning and usefulness through histopathology and pathological physiology.

From the structural and rhetorical point of view, the monograph, can not be considered beyond criticism. It is often poorly organized and can be read and followed only with difficulty. Literal or inferred non sequiturs are disturbing. There is much repetition, and the repetitious material more than once fails of exact congruence in a disconcerting manner. Failure of correlation with anthropological types is mentioned on page 7; yet 'anthropological habitus' is listed on page 95 as first among the factors which 'play an important rôle in the development of susceptibility to these changes'. The numerous classifications, subclassifications,

quantifications, and graphic representations are occasionally interesting, sometimes rather specious, especially when they deal with material which does not naturally lend itself to such presentation. Where the incidence of compulsive symptoms is graphically represented in the 'more neurotic' and 'less neurotic' groups, the patient is apparently confined to 'none', or 'checking doors', or 'checking lights', or 'fussy about clothes' or 'reading letters twice', or 'upset by crooked pictures'. The use of vague or loose words and concepts vitiates the reader's sense of exact understanding and diminishes the impressiveness of theoretical constructs. The latter also suffer from their foundation on exclusively conscious symptomatic phenomena. Even definitions are not above reproach. Projection (in the Glossary) is 'the psychological process of placing at the door of another the responsibility for one's own inadequacies'. 'Obsessive thinking' is treated as a sort of neologism. A confused polemical attitude toward actual or putative psychoanalytic ideas is especially evident in the passages from pages 73 to 76. In contrast with these deficiencies, the presentations of case material are clear and interesting, and they convincingly establish the importance of the emotional factors within the limits set by the authors' method.

In general, the actual observations set forth in the paper are to be regarded as very valuable both in themselves and as stimulants towards further study. The authors recognize the need for psychoanalytic and further medical study of the problem. To the physician of psychoanalytic orientation, the frequency of minor compulsive and obsessive symptoms coupled with personality traits suggesting possible early anal difficulties gives strong impetus to the feeling that the ultimate choice of symptomatic expression is related to an infantile instinctual problem which probably entered into the very formation of the characters described, as well as their incidental neurotic symptoms. This impression is strengthened by the high incidence of disturbance of genital sexuality, admirably illustrated in some of the case presentations.

The section on Therapy would seem valuable from the point of view of the general medical man. Its psychiatric contribution is marked by much common sense. It is, unfortunately, marred by the type of verbal carelessness mentioned above.

LEO STONE (NEW YORK)

PSYCHOPATHIC STATES. By D. K. Henderson, M.D. New York: W. W. Norton & Co., Inc., 1939. 178 pp.

Every year a series of lectures is given by some outstanding psychiatrists at the New York Academy of Medicine in the memory of Thomas Salmon, a great pioneer in American psychiatry. One of the most important achievements of Dr. Salmon was his contribution to the organization and direction of the mental hygiene movement which has meant a great deal for psychiatry the world over. It may be assumed that these lectures do not follow the trends of orthodox psychiatry, but throw light on those disciplines with which psychiatry has close contact such as sociology, criminology, education, etc. This can be judged from the selection of such lecturers as Healy and Orton whose primary interests are delinquency and education respectively.

The present lectures deal with psychopathic states, the most baffling problem in psychiatry, criminology and law. The author, Dr. D. K. Henderson, is one of the leading pupils of Adolf Meyer, who has been responsible for the introduction of the principle of psychobiology into British psychiatry. The first lecture is entitled Place in Psychiatry and it deals with the problem of the psychopathic personality in its historical perspective. The author very wisely avoids a definition except in terms of social difficulties. The second chapter deals with the clinical aspect of the problem, and the third chapter outlines the author's recommendations.

The lectures are very easy to follow. They make pleasant and entertaining reading, and they must have been fun to hear. From the very beginning one is distressed by the extreme superficiality with which the subject is handled. It looks as though the author read quite a few references, pulled out a few interesting cases from his private files and the hospital record room, and then proceeded to express his thoughts on this interesting subject. Here and there he is fascinated by the ideas of various men, and he likes to quote Kahn who noticed that the hysterical patient is frequently egocentric and exhibitionistic. On the basis of this Kahn decided that the hysterical person is a psychopath in pure culture. This seems to appeal to the author a great deal. The gathering of the various points of view may be explained by the fact that the author is a good student of Adolf Meyer and does not subscribe to any one factor as being responsible for such complex phenomena as psycho-

pathic personalities. But here one misses the thoroughness and painstaking accuracy which is also characteristic of the psychological point of view. It seems the author knows something about analysis, but one has the impression that he knows more analysts than analysis. Unfortunately, these are frequently mixed up to the great detriment of analysis.

He points out that Kubie in one of his papers stated that analysis is still a very imperfect instrument and is undergoing constant evolution. He decides then that instead of utilizing the imperfect tool of analysis to explore the baffling field of the unconscious, he had better explore the conscious with the more perfect tool of psychobiology. This is a very good argument except that as a result of his exploration he has nothing to add to what we know. He recites a score of interesting cases over which he is thoroughly puzzled and he himself cannot understand in terms of heredity and constitution.

As a famous clinician and teacher, the author undoubtedly knows that the key to psychopathic personalities lies in the unconscious emotional life of these people; yet he does not even bother to go over the literature on this subject. To be sure, analysis is still a very imperfect tool of research; but a spyglass was a great advance in astronomy as compared with observations of the motions of stars from deep holes in the ground.

The author speaks about being 'dynamic', but somehow the reviewer fails to find a dynamic point of view in his actual discussion of cases. The handling of the material is somewhat anecdotal in character, even to the point of expressing great admiration for Lawrence of Arabia without which no good discussion of psychopathic personality is ever complete.

Even if the author is somewhat sketchy in the presentation of the clinical aspects of the problem, one must admire the astuteness of his observations, such as the one on the frequency of suicides in psychopaths, a consideration which is usually forgotten. One cannot help but agree with the author that psychopathic personalities cannot be treated as isolated phenomena and that a good deal depends on fundamental changes in our forensic and legal points of view. His recommendation for treatment of psychopathic personalities in institutions is certainly sound.

The book is well published but the references are not as pains-



takingly done as they usually are in similar monographs. Some of the authors mentioned are not found in the references and sometimes the authors are cited with the volume but without the title of the article.

J. KASANIN (SAN FRANCISCO)

TECHNIQUE OF ANALYTICAL PSYCHOTHERAPY. By Wilhelm Stekel. Translated by Eden and Cedar Paul. New York: W. W. Norton & Co., Inc., 1940. 408 pp.

This book is a translation of the German original which was published in 1938 in Berne, Switzerland, and which was reviewed in this *QUARTERLY*, Vol. VIII, No. 4, 1939. It is a literal translation from the German and nothing new about the text proper can be added. But the English edition is provided with a glossary. A publisher's note on the jacket draws attention to the glossary referring to '... the author's special uses of the more familiar medical terms, and ... his valuable neologisms, which will hardly be found in the latest medical dictionaries'.

This glossary is interesting in many respects. There are many borrowed terms for which Stekel claims authorship. Theodore Reik's 'surprise' is launched by Stekel under the flag of 'analytical experience'; Laforgue's 'scotoma' is taken over unchanged without mentioning Laforgue. He does give credit for having coined the terms 'functional dream' and 'functional symbol' to Silberer, but Silberer is dead.

Other concepts Stekel appropriates but rechristens: 'organ speech of the mind' or 'somatization' are used for conversion; 'parapathy' stands for neurosis; a 'subjective-parapath' is what we call a narcissistic neurotic; psychosis is rechristened 'paralogia'; overdetermination gets from Stekel the colorful name 'polyphony of thought-processes'.

There are redefinitions of freudian concepts which would be amusing if they were not so deplorable. Thus we find under 'id' in the glossary the following: '... for Freudians, a quasi-impersonation of the unconscious Ego'. For Stekel who does not generalize the importance of the unconscious as does Freud, it is 'a quasi-impersonation of the pre-conscious Ego'.

That Stekel is not a logical thinker is proved by his definition of scotomization: '... mental blindness to what is going on within one's own psyche, identical with what the Freudians call repression'.

It is clear that repression is the process which *causes* mental blindness. In Stekel's definition cause and effect are declared to be identical. It is a tough job to replace good and useful technical terms.

CARL M. HEROLD (NEW YORK)

THE MECHANISM OF THOUGHT, IMAGERY AND HALLUCINATION. By Joshua Rosett. New York: Columbia University Press, 1939. 271 pp.

In this book Professor Rosett presents a sketchy, somewhat artificial and premature discussion of what psychologists and psychiatrists usually consider to be exceedingly complex functions. In his introduction Dr. Rosett bemoans the fact that the ancient and mediæval thinkers, also much concerned with the problem of consciousness, employed premises that were deeply rooted in fable and tradition. He complains that they 'exerted the powers of the mind in the vain hope that the factors requisite for the solution of the problem of the mind might thereby be obtained, the facts at their disposal thus remaining scanty. Their arguments contained wide gaps which they filled in by arbitrary assumptions of colossal magnitude and with the unbounded license of the poet and the dreamer. Most of them were indeed as much poets as they were logicians and they hardly ever hesitated to mix facts with phantasy.' In the reviewer's opinion, the author himself throughout the whole book lapses into a similar methodological procedure, often forgetting however that it is not simply the license which makes a good poet.

Rosett presents an inconclusive and not very scientific view of the problem in hand. The literature noted throughout the whole book represents only one small relevant part of the whole field of literature referable to the problems discussed. In the interests of brevity and perhaps simplicity a great deal of contradictory literature is omitted, the author thus sacrificing much that might have failed to fit in with his theories. It would be unfair to state, nevertheless, that the author has not drawn upon experience for his point of view; but he drew essentially only from his own experience which unfortunately was mainly in the safer, surer fields of neurology and neuroanatomy. The book therefore becomes more of a simplified introductory point of view for elementary students of the biological sciences rather than a thorough or profound

analysis of the problems of thought, imagery and hallucination as seen by the experienced psychiatrist or psychoanalyst.

That the book is ambitious in its attempted analyses of very fundamental problems may be seen from the chapter headings which are as follows: Part One: Fundamentals. I. The Law of Evolution and Dissolution of the Nervous System. II. The Emotional State. III. The Relation of the Emotions to the Conscious Sensory or Informative State. IV. The Expression and the Subjective Experience of the Emotions. V. The Will. VI. Nerve Signaling. VII. The Effects of Injuries of the Association Systems. VIII. Representation and Symbolism. Part Two: Mechanism. IX. A Definition of Thought, Imagery and Hallucination. X. Hallucinations in Certain Injuries and Diseases of the Nervous System. XI. The Epileptic Seizure. XII. The State of Attention. XIII. Sleep. Concluding Remarks.

It is hardly necessary to examine carefully each of these main subdivisions. Essentially the book presents a simple, mechanistic conception of complex psychic functions, along with a smattering of pertinent clinical and neurophysiological observations. Although one chapter is entitled A Definition of Thought, Imagery and Hallucination, it is exceedingly difficult to gain here or elsewhere in the book any definite conclusion as to what the author exactly means by these terms. This might perhaps best be gained from the statement that 'the activities of the functions of thought, imagery and hallucination in the order mentioned are conditioned by an increasing degree of inactivity of the sensory receptive apparatus and, therefore, by increasing amounts of disorientation in the present and relatively immediate surroundings', and further that 'thought, imagery and hallucination are, in the order mentioned, increasingly vivid and increasingly inaccurate subjective reproductions of objective experiences'. He feels that thought is inaccurate with respect to the definiteness of the mutual relations of the elements of the past experience. In imagery a more serious element of inaccuracy is introduced, namely, an error in relations; and finally, in hallucination the relations become so inaccurate that the past objective experience is very much distorted in its subjective reexperience.

One example of the type of mechanistic approach used by Rosett may be taken from his analyses of the permanence of specificity of

the bodily changes resulting from temporary emotional disturbances. He states that each internal disturbance of the organism upon subsiding leaves a trace behind in the form of a more or less permanent organic change. 'For although it is true that the organism, after the subsidence of a disturbance, springs back toward its original state, that state is never quite attained, nor is it at all conceivable that the organism could by any possibility return to the exact point from which it was disturbed. Such a return would be possible only in the case of a body possessed of absolute elasticity and such bodies do not exist. . . .' Again, 'If the organism were to return after each disturbance to quite its original state, so that no trace of the disturbance were left, then each such successive disturbance would be a totally new event to the organism, separated from all preceding events by an impassable chasm and having no connection with them whatever.' Then he states that such a course is contraindicated by the facts and phenomena of memory and association. Likewise the author states that nervous impulses must affect the organism in the same progressive manner by building upon each successive impulse some trace of the preceding experience. This view, attractive as it seems, has apparently been arrived at much as Zeno arrived, at his paradoxes; the reviewer is unaware of any save rather gross, irrelevant experimental neurophysiological data which support it.

After reading the book, the reviewer was left quite at sea, concerning exactly what the writer means by the terms or functions for which he feels he has analyzed the mechanism. Besides in addition to being disturbed by numerous inaccuracies (for example, the confusion of the startle reaction or startle response with a minor epileptic seizure), the reviewer fails to recognize at what point the book presents any contribution of value either as a systematic approach to the problems of thought, imagery and hallucination or as an aid to the therapeutic problems of clinicians dealing with these functions.

The reviewer, personally acquainted with Dr. Rosett for many years, regrets greatly his recent untimely demise. He feels, however, that the subject of this book is too important to warrant the use of this review as a vehicle for a eulogy fully deserved by Professor Rosett for his other many valuable contributions to science.

S. EUGENE BARRERA (NEW YORK)

PSYCHIATRIC DICTIONARY WITH ENCYLOPEDIAIC TREATMENT OF MODERN TERMS. By Leland E. Hinsie, M.D., and Jacob Shatzky, Ph.D. New York: Oxford University Press, 1940. 559 pp.

According to the editors of this dictionary, psychoanalysis includes by definition: '(1) *psycho-analysis* (Freud), (2) *analytical psychology* (Jung), (3) *psychobiology* (Meyer), and (4) *individual psychology* (Adler)'. Whatever may have been the motive, this deliberate falsification has nothing to do with lexicography. The editors need only have consulted Webster's New International Dictionary, Second Edition Unabridged, 1939, to find a definition of psychoanalysis that says everything, is in accordance with the honest facts and has no axe to grind.

On the pages following the preface, a list of collaborators is printed. The Collaborator for Psychoanalysis is Trigant Burrow. Burrow's 'Lifwynn Foundation' and 'phyloanalysis' bear the same relationship to psychoanalysis that Dale Carnegie does to neurology. Going down the list, Jacob L. Moreno is found among a total of nine Collaborators to be the authority representing 'psychodrama' (q.v.).

This is a comprehensive dictionary with 7500 title entries. The definitions, however much one may disagree with their accuracy, are usually clearly stated. They are liberally illustrated by quotations with source references, many of which are unauthoritatively second hand (cf. *autism* which quotes Bridges and makes no mention of Bleuler). Dr. Hinsie is responsible only for the definition of terms used in 'descriptive psychiatry, psychoanalysis, analytical psychology, psychobiology, mental deficiency, sexology, nursing and social work' (p. V). The framework of the Dictionary is made up of psychiatric terms, but considerable attention has been devoted to terms in allied fields—clinical neurology, genetics and eugenics, social service for example.

The extent to which psychoanalysis has created and influenced current psychiatric terminology is very impressively revealed on almost every page. Accurate definition of psychoanalytic terms is frequently assured by extensive quotations from Freud or other psychoanalytic authors. Terms introduced as recently as 1939 (*egology*) are included; others much older (*vector analysis*) are ignored.

There is an unaccountable, inexcusable and irritating plague of



hyphens on these pages, giving currency to forms that are obsolescent and creating new hyphenated combinations. The hyphenated spelling *psycho-analysis* has never found acceptance in the United States. Rado, for example, gives his *riddance reflex* no hyphen and there is no reason why this dictionary should add one. The American usage is to omit hyphens with prefixes like *pseudo*, *post*, retaining the hyphen only in combinations with proper nouns and adjectives.

All the psychiatric curiosa and odds and ends are to be found in this dictionary but nowhere is gestalt psychology mentioned and the student tyro will look in vain to learn what a conditioned reflex is. *Behaviorism* however is included as are all the lush neologisms of the Lifwynn Foundation<sup>1</sup>. Every psychopathologist will agree that Pavlov's contribution is of infinitely greater significance for modern psychiatry than was Watson's ephemeral anti-psychological denial of consciousness. Not that Pavlov is completely ignored. Bafflingly enough, there is single entry: *Pavlov's theory of schizophrenia*. Dr. Moreno's cute *tele* [shorn of *pathy*. Get it?] and the *sociogram* are gravely considered, although *spontaneity theatre*, *Godhead*, and the *creative matrix* (Moreno) are mercifully if inconsistently omitted.

This adds up to something that does not equal scientific objectivity nor a good dictionary.

An unabridged, authoritative psychiatric dictionary that will become a standard work remains to be published.

R. G.

PSYCHOLOGICAL AND NEUROLOGICAL DEFINITIONS AND THE UNCONSCIOUS. By Samuel Kahn. Boston: Meador Publishing Company, 1940. 216 pp.

Purporting to be a glossary of neurological and psychological terms, this book is actually only an alphabetical list of 591 miscellaneous nouns, adjectives and eponyms such as might casually be remembered from extensive but careless and superficial reading, ranging from anatomy and surgery to clairvoyance and telepathy.

As for the definitions, intended by the author to cover 'the broader and larger aspects' of the terms, they usually contain some grain of truth, and are often lightened by unintentional humor or a unique use of words.

<sup>1</sup> Cf. This QUARTERLY, VI, 1937, P. 375.

Typical examples are: 'Circumstantial: Criminally, a person doing an anti-social act because of stress of circumstances. Mentally, an individual who postpones his goal idea and talks around the subject' (p. 78). 'Suggestibility, Degrees: Women are more suggestible than men, and girls more so than boys. Red heads are more sensitive to suggestion than blondes, and blondes more so than brunettes. Certain types of nervous people are more suggestible than normal people, and other types of nervous and mental patients are hardly suggestible at all' (p. 132). No explanation is given for such words as 'phantasizing', 'thelamus', 'irregardless', 'anual', 'pervertion', 'convolusion', and 'spasmotic'. The author's grammar, like his orthography, is unique, and it is not possible to discover what laws of syntax, if any, were employed.

MILTON H. ERICKSON (ELOISE, MICHIGAN)

PSYCHOTHERAPY. By Lewellys F. Barker, M.D. New York: Appleton-Century Co., 1940. 218 pp.

The author, Professor Emeritus of Medicine at Johns Hopkins and as the dust cover informs us, 'one of America's most prominent medical men', has set out to tell us in this book what he has learned from thirty years of 'systematic' practice of psychotherapy. To this reviewer it appears that what the professor has learned adds up precisely to zero, and it is a great pity that he has elected to take 218 pages to document what he could have made clear in one brief, bald statement of fact.

Must we be told, for instance, that after thirty years the professor is still 'teaching' the neurasthenic 'to disregard disagreeable sensations, to avoid excessive strains and exhausting emotions [as if the neurasthenic does anything else] and to cultivate a state of greater confidence in his body'? Must it be made painfully clear to us that after thirty long years the kernel of the author's approach to 'paranoiacs' has boiled down to the following: 'It should be explained to the patient that he needs to understand others—their motives, personalities and reactions—better than he does; if he can be taught to study these, he may become more tolerant and be led to see that the ideas he has harbored have been misinterpretations'?

Not content to rest his case on a few sample expositions of theory and a case history or two for form's sake, the professor goes on—almost compulsively, we fear—to demonstrate in every depart-

ment of clinical psychiatry that experience is sometimes the worst teacher. Of homosexuality he writes: 'In treatment, avoidance of homosexual companions as well as sexual continence should be advised. Total abstinence from sex relations with a person of the same sex may here be as important as total abstinence from drinking in an alcoholic addict. In some patients, a more normal heterosexual interest may gradually be developed.' Of psychasthenia, for the understanding of which he expresses 'a great debt of gratitude to Raymond and Janet for their monumental work upon Obsessions and Psychasthenia (1903)', he writes: 'In my opinion, the majority of psychasthenic states, contrary to Freud's ideas of an infantile sexual origin, arise mainly because of the constitutional nature of the patients, though contributing causal factors in the environment should not be overlooked.' Finally, to psychoanalysis, a farcical procedure referred to as 'mental liquidation', he attributes most of the follies and dangers that have crept into the modern practice of psychiatry. Lest the reader come away with an unwarranted pessimistic outlook, however, Professor Barker puts himself definitely on record in the last chapter, *The Future of Psychotherapy*, as of the opinion that this folderol will largely drop out as the wonders of chemotherapy take over.

Discoursing on the benefits of occupational therapy, the author writes: 'Psychiatrists have often quoted Sterne, who said: "It is better to do the most useless thing in the world than to remain for a quarter of an hour without doing anything at all. Cultivate rare tulips, become an autograph collector, breed rabbits, be a fisherman, turn egg-cups, cut out silhouettes for your children, hunt butterflies, or collect postage stamps."' With this advice the reviewer can not in all honesty agree. Sometimes it is better, if one has an idle quarter of an hour, or even an idle week, to do nothing—absolutely nothing—not even write a book.

JULE EISENBUD (NEW YORK)

**PSYCHISCHER BEFUND UND PSYCHIATRISCHE DIAGNOSE** (Psychic Findings and Psychiatric Diagnosis). By Professor Kurt Schneider. Leipzig: Georg Thieme, 1939. 27 pp.

The author uses excellent formulations and an instructive case illustration to point out mainly to the general practitioner the steps from psychological findings to psychiatric diagnosis of schizophrenic and manic-depressive psychoses. Psychiatric diagnosis is

not simply an addition and combination of objective facts, but an evaluation of verbal communication, of behaviorisms and of more or less subjective observations and impressions. According to the author, a good psychiatric description also includes an analysis of the patient's behavior.

MARTIN GROTJAHN (CHICAGO)

TEXTBOOK OF NERVOUS DISEASES. By Robert Bing. Translated by Webb Haymaker from the fifth German edition. St. Louis: C. V. Mosby Co., 1939. 838 pp.

This is a useful compendium of the currently accepted syndromes of clinical neurology. The organization of the book is clear and the chapter headings and the index make it possible to look up rare constellations as readily as in a dictionary.

Its fundamental considerations of anatomy and physiology are limited in scope, but useful in a clinical text. The considerations of the psychoneuroses are archaic and devoid of value.

LAWRENCE S. KUBIE (NEW YORK)

MASTERING YOUR NERVES. By Peter Fletcher. New York: E. P. Dutton & Co., Inc., 1939. 241 pp.

The publisher offers this book to the public with the comment: '... it would be difficult to find a more satisfactory exposition of the fundamentals that psychoanalysis has been aiming at for many years'. Contradicting this pretentious comment the author writes in his introduction: 'My thinking and reading have convinced me that many of the accepted psychological theories are unnecessarily cumbersome, especially where the conception is involved of an almost autonomous, mysterious region of the mind called the "sub-conscious". My conviction is that what we most signally lack is a more adequate theory of consciousness . . .'

It is the author's liberty to develop a theory of consciousness if he so wishes, but to offer as a fundamental of psychoanalysis any theory which essentially rejects the 'unconscious' and regards it coldly as a mysterious region of the mind is license.

The body of the book elaborates themes such as secondary gain through illness, superiority feelings, avoiding responsibility, and so on, all without appreciation of basic dynamics of neurotic mechanisms.

Therapy is of dual nature: will-power and a belief in God. To break down the inhibitions and limitations of neurotic behavior the reader is advised to do things in a different way: 'Buy a different newspaper, go to the office by a different route, invite your business competitor to luncheon'. By such rules of thumb we are to discover new people and new things.

The last chapter is devoted to religion and the reader is told that 'It [faith in God] affords the only kind of reassurance by which the ultimate fears are exorcised and the ultimate trivialities overcome'.

WALTER BRIEHL (NEW YORK)

**PSYCHIATRIC SOCIAL WORK.** By Lois Meredith French. New York: The Commonwealth Fund, 1940. 344 pp.

This book is the result of a study of psychiatric social work undertaken under the auspices of the American Association of Psychiatric Social Workers aided by a grant from the Commonwealth Fund.

The study is comprehensive and a definite contribution to the field. The development of psychiatric social work as an integral part of the general mental hygiene program is traced from its forerunners and its first organized beginnings in a mental hospital (Boston Psychopathic Hospital) about 1912. The rôle played by the psychiatric social worker in the mental hospital and in the mental hygiene and child guidance clinics is discussed and there is a description of her activity extended to other areas, including the public health and educational agencies. The reader gets a clear picture of the underlying philosophy, methodology and the practical issues involved.

In formulating the trends in social treatment the author shows how the original concepts have inevitably led to the realization that modification of environment and the treatment of emotional problems are essentially inseparable and that the relationship between the social worker and client is the core of successful or unsuccessful treatment. The development of case work techniques to clarify and deal with this relationship and the influence of psychoanalysis in this connection are fully elaborated. As one reads the discussion of 'relationship therapy', 'passive technique' and 'attitude therapy' one cannot help wondering whether the social worker is still functioning within her field in engaging in such intensive types of personal therapy (some might even call it modified lay analysis).



However, the author is aware of this objection in her critical survey of the subject and leaves no doubt as to the experimental and controversial status of such 'social therapy'.

A chapter is devoted to professional education with consideration of academic and field work training. This book is of interest not only to social workers, visiting teachers and others with related interests, but also to psychiatrists and psychoanalysts, particularly those associated with psychiatric agencies or used as consultants in social agencies.

HERMAN EHRLICHSON (CEDAR GROVE, N. J.)

**THE ART OF BEING A PERSON.** By George Ross Wells. New York: D. Appleton-Century Company, Inc., 1939. 300 pp.

The author offers this book to the public in the hope that it may enable the reader to attain serenity, defined as a state of profound completeness, utter security and emotional satisfaction.

As subject matter he discusses interpersonal relations, social adjustment, marriage, parents and children and education—as well as fears, phobias and neuroses. The presentation of the latter themes will impress the reader who is at all familiar with psychoanalytic fundamentals only by its superficiality and oversimplification.

The chief merit of the book lies in the author's discussion of sociological problems and in this field he shows a good sense of values. Written for the laymen, this work offers nothing new to the specialist in psychotherapy. Notwithstanding its shortcomings, however, it may be classed as one of the better books among the great number which deluge the layman on the subject of personality development.

WALTER BRIEHL (NEW YORK)

**AESTHETIC MOTIVE.** By Elisabeth Schneider. New York: The Macmillan Company, 1939. 136 pp.

The author tries to build up her theory of æsthetics on a biological basis. She considers that in the course of evolution man loses much of his instinctive capacity, exchanging this for a greater adaptability to various outside changes. The result is a sense of insecurity, originating in an ambivalence of feeling toward any experience, since every experience in the outside world brings with it an alternation of attraction and repulsion. The æsthetic experi-

ence brings man a brief illusion of completeness, 'of knowing a whole', bringing with it a regression to the purely instinctive sphere of the prenatal existence. Art causes a regression to the purely instinctual level of experience (instinct in the sense of the German word *Instinkt*, not *Trieb*). From this standpoint the author examines the phenomena of natural beauty, imagination, genius, form and taste.

RICHARD STERBA (DETROIT)

HOW TO PSYCHOANALYZE THE BIBLE. By H. F. Haas. Orangeburg: S. C.: Haas Publication Committee, 1939. 116 pp.

The title is completely misleading. This is a very naïve exposition of the author's views on religion and what he thinks is psychoanalysis.

'If it is your desire to know and understand all about Heaven not as a supposition, belief, or desire, but as a downright fact, then simply psychoanalyze yourself in relation to your interest-object. The evidence will be first-hand, conclusive and irrefutable' (pp. 39-40).

GÉZA RÓHEIM (NEW YORK)

## ABSTRACTS

**The Concept of Psychic Suicide.** A. A. Brill. *Int. J. Psa.*, XX, 1939, pp. 246-251.

Brill reports the case of an old New England lady whose instinctive life had always been one of an anal sadistic nature. After the death of her manic depressive husband, and after the loss of her fortune, which was an especially hard blow for her, she refused to follow advice to undergo a medical examination. Some months later, before starting on a vacation, she gave up her apartment, put her furniture in storage, listed all her effects, drew up her will, and behaved in every respect as if she expected never to return. Two days after the beginning of her vacation, she fell ill and died of a cerebral thrombosis. The patient had never shown signs of melancholy. Nevertheless, it seems probable to Brill that the instinctive structure was very similar to that of a melancholia, and that her death is to be regarded as an equivalent of suicide.

OTTO FENICHEL

**A Prefatory Note on 'Internalized Objects' and Depression.** Marjorie Brierley. *Int. J. Psa.*, XX, 1939, pp. 241-245.

Freud has warned us against using the psychoanalysis of a scientific adversary for polemic purposes. Nevertheless, it is interesting to investigate the psychological backgrounds of certain scientific antipathies or preferences. Brierley is of the opinion that emotional tendencies are chiefly operative in authors who doubt the theory of the 'internalized objects' (or some specific subdivisions of this theory). Since she is of the opinion that the reception of a hypothesis has 'quite a lot in common with the reception of interpretations', she tries to find the unconscious reasons for the criticism of 'internalized objects'. Persons who usually use projection rather than introjection as a means of defense have more difficulties in understanding this theory, she thinks, than 'introjectors'. Some authors react to the theory of internalization with anxiety because its acceptance would endanger their narcissistic unity. Others have become estranged from the archaic ways of thinking and living. Finally the author thinks that the criticism may be connected with anal repressions. 'One comes across a distaste for the "solid" nature of internal object terminology and a preference for thinking in the more "fluid" concepts of instinctual energy and affects that suggest painful anal reverberations.'

Brierley's paper does not discuss the correctness or incorrectness of the hypothesis in question.

OTTO FENICHEL

**On Transference and Counter Transference.** Alice Balint and Michael Balint. *Int. J. Psa.*, XX, 1939, pp. 223-230.

No transference is 'ideal' in the sense that it is uninfluenced by the personality of the analyst and by events during analysis. The analyst may try to be

nothing but a mirror; he can never escape the fact that his own emotions determine entirely details of the way in which he proceeds. Nevertheless, the authors say, the various attitudes of various analysts have, if serious mistakes are avoided, equally good results. It should not be demanded that the analyst be free of emotions, but that he have the self-knowledge and self-control which is necessary to avoid 'serious mistakes'.

The reviewer would like to add one critical remark to his review of this excellent paper. The authors include the timing of interpretations, and, also in part, the content of interpretations among those attitudes which are dependent on the personality of the analyst, and which, they believe, cannot be determined by guiding principles. Certainly we agree that in these fields too there remain certain personal imponderabilia; but there is an objective doctrine of the dynamics and economics of interpretation applicable to all analyses.

OTTO FENICHEL

**Psychoanalytic Observations on the Auræ of Two Cases with Convulsions.** Ives Hendrick. *Psychosomatic Med.*, II, No. 1, 1940.

In an extremely interesting and clearly written way a condensed report is given of psychoanalytic data showing certain determinants of the preconvulsive auræ of two patients. Limiting his conclusions strictly to the observations of two patients, the author states: 'In these two cases the auræ were conscious vestiges of neurotically precipitated anxiety attacks occurring before the onset of seizures. The repetition of these attacks was inhibited and in consequence of this, discharge through the central nervous system replaced the discharge of autonomic tension as an anxiety symptom. The relationship between the convulsions of these two patients and the præpileptic anxiety syndromes are definite, and the function of the aura as an aborted tendency to repeat this experience seems probable.'

MARTIN GROTHJAHN

**The Correlations Between Ovarian Activity and Psychodynamic Processes: II. The Menstrual Phase.** Therese Benedek and Boris B. Rubenstein. *Psychosomatic Med.*, I, 1939, pp. 461-485.

Whenever heterosexual desire or a marked defense against it, made its appearance in the psychoanalytic material, estrone was produced in quantities sufficient to be recognized in the vaginal smear. Whenever the erotization of the female body markedly dominated the psychoanalytic material, progesterone activity was found in the vaginal smear. The psychic apparatus recorded incipient production of these hormones with extreme sensitivity. An abrupt decrease in heterosexual tension with an influx of passive libido (narcissistic erotization) characterized ovulation as proved by the vaginal smear and basal body temperature technique. The present paper is concerned with the pre-menstrual-menstrual phase which is the phase of diminishing and low gonad function. The correlations between these hormonal states and their psychodynamics are presented. The material was selected from a total of one hundred twenty-five cycles of fifteen patients. Instructive case material is given. The conclusions confirm the correlations of the first publication: the presence of

estrone corresponds to the presence of active heterosexual libido; the presence of progesterone corresponds to a passive receptive instinctual tendency. The early premenstrual period shows dominant progesterone, a recurrence of heterosexual tendency and mostly impregnation fantasies. The premenstrual period shows diminishing progesterone and oral incorporative and heterosexual fantasies. The late premenstrual period shows a sudden extinction of progesterone, with eliminative tendencies on genital or pregenital levels. The emotional tension or depression is out of proportion to hormone production. The menstrual phase of the cycle is characterized by low hormone activity and an emotional relaxation. The investigation confirms the probability that in the adult woman instinctual drives are related to specific hormone functions of the ovaries.

MARTIN GROTJAHN

**Psychoses Resembling Schizophrenia Occurring with Emotional Stress and Ending in Recovery.** Harry A. Paskind and Meyer Brown. *Am. J. of Psychiatry*, XCVI, 1940, p. 1379.

The authors describe a schizophrenic psychosis which takes place in a setting of a marked emotional turmoil and has a good prognosis for complete recovery. Their case material is limited to criminals who develop such reactions either immediately before or shortly after incarceration. They are thus related to the Ganser syndrome. The authors confess their complete inability to understand these cases. It is quite amazing that the teachings of modern psychiatry and psychoanalysis for the past thirty or forty years have never aroused the scientific curiosity of the authors, as shown by the following statement: 'It seems to us reasonable to believe that this psychosis resembles schizophrenia because they both involve the same mechanisms, whatever and wherever these mechanisms may be; and that the differences from schizophrenia (and these are related mainly to the course of the illness) may be related to differences in the etiologic agent—in these psychoses emotional shock—in true schizophrenia some other factor.' The references given in this paper look as if they had been copied from some continental textbook of psychiatry. The most important contribution to this subject made by J. Lange who wrote a special monograph on this same subject and published it in 1922 is not even mentioned. Similar contributions by American and foreign authors such as Henri Claude, Dunton, Sullivan, Kasanin and others have not been read by the authors; hence their statement that only four articles appeared on this subject in the past fifteen years.

J. KASANIN

**The Relationship Between Early Schizophrenia and the Neuroses.** Wilbur R. Miller. *Am. J. of Psychiatry*, XCVI, 1940, p. 889.

The author asks why some psychopathological reactions stop at the level of the neurosis and others progress to psychosis. In some cases it is a matter of underlying personality factors. In others, it depends on a defect in the method of handling disturbing experiences related to early instinctual life. The author postulates that there is a third group consisting of patients with



fairly stable personality organizations who under numerous stresses and strains resort first to a neurosis and subsequently to schizophrenia. In such cases the reaction is frequently reversible. To illustrate his thesis the author gives three cases. Unfortunately the cases do not illustrate very clearly the reason why the psychotic reaction developed as and when it did.

There is a rich literature on this subject which the author, outside of a dutiful reference to Adolf Meyer, has not even attempted to review. It is unfortunate that the author is not familiar with the article by Sullivan on Onset of Schizophrenia in which the same subject is treated with much deeper understanding and penetration.

J. KASANIN

**Reconstruction Dreams.** Max Levin. *Am. J. of Psychiatry*, XCVI, 1939, pp. 705-710.

The investigation of the mechanism of 'reconstruction dreams', that is of 'dreams in which a succession of events culminates as if by a marvelous coincidence, in a stimulus coinciding with an external stimulus of like nature which wakes the sleeper', is based on the terminology by Hughlings Jackson of vivid and faint images, a vivid image occurring when we actually see an object, a faint image when we merely think or visualize it. A dreamer may see in his dream what during the day he might only have been thinking. In a vivid image there is activation of all levels of the nervous system from the most primitive to the highest stages of evolutionary growth, whereas a faint image can function independently by 'representation'. The child in contrast to the adult is full of vivid images and relatively incapable of representation (faint images). The same is true in sleep and in psychosis, the highest centers no longer functioning independently of the lower ones.

The stimulus to a 'reconstruction dream' may arouse in the dreamer a faint image thus activating the substrates of the corresponding vivid image. The author offers no conclusive explanation why dream images seemingly antecede the stimulus which ultimately wakes the sleeper. As a partial answer he postulates that vivid images can be experienced only successively ('one can think of two colors simultaneously but not see two colors occupying the same space at the same moment'). Were the sleeper awake at the moment of the stimulus, he would experience faint images.

The author does not mention the dynamic and economic functions of dreams which serve the purpose of protecting the sleeper from disturbance of sleep.

MARGRIT MUNK

**Charles Dickens in Oliver Twist.** Ernest Boll. *Psa. Rev.*, XXVII, No. 2, 1940. Boll stresses the autobiographical character of Charles Dickens' novels, particularly *Oliver Twist*, and the effect of genuineness which is a consequence of what can be considered the author's own experiences. The author dwells on the personality of Rose Maylie in *Oliver Twist*, who is created according to the prototype of Dickens' sister-in-law, Mary Hogarth. Both wrestled with death at the tender age of seventeen. The death of his gentle, beautiful relative

unnerved the poet deeply and paralyzed his creative power for some time. The identification of the novelist with this dying girl is expressed in a letter: 'The recollection of her is an essential part of my being and is as inseparable from my existence as the beating of my heart is'. Mary Hogarth returns in the character of Nell in *Old Curiosity Shop* as a fusion of a self-image with Mary Hogarth. Nell's relationship to her extravagant, self-deluding grandfather is a sentimental reversion of Dickens' dissatisfactory relation to his own incompetent father. Boll recognizes that Dickens has mourned in Mary Hogarth the decline of his own youth; he threw off the paralyzing effect of this death through the characterization of young women in his novels.

The psychoanalyst might in addition be inclined to see in these sentimental female figures, Dickens' potentialities towards feminine passivity and masochistic surrender to the miseries of his childhood which he had to overcome by those creative activities that made him one of the most successful novelists of his time.

EDITH VOWINCKEL WEIGERT

**A Case of Psychoanalysis with Poor Results.** Samuel C. Karlan. *Psa. Rev.*, XXVII, No. 2, 1940.

A patient with many psychotic trends but without a manifest psychosis was in psychoanalytic treatment 'by a reputable psychoanalyst, a member of the New York Psychoanalytic Society'. He later committed homicide and developed in prison a distinct acute psychosis. The author is of the opinion that the schizoid character of the patient should have been a contraindication to psychoanalysis. 'The writer believes that the psychoanalysis may have aggravated the patient's condition and led to the state of tension preceding the homicide.'

It is very regrettable that the analyst, who adds a 'critical comment', does not give his name. He is of the opinion that the whole character and the transference of the patient made analysis seem to be the treatment of choice. 'The fundamental problem of the patient was a profound passive homosexuality and a profound feeling of rejection by his mother.' It was 'a combination of untoward circumstances' which led to the unfortunate outcome.

OTTO FENICHEL

**Sexual Manifestations in Neurotic and Psychotic Symptoms.** A. A. Brill. *The Psychiatric Quarterly*, XIV, 1940, pp. 9-16.

Brill, in honoring Sigmund Freud, gives a short biography and defines some of Freud's technical terms, not for the psychoanalyst familiar with the subject but for the physician who is uninformed about Freud's psychology and is often misinformed about the meaning of special terms like ego libido, narcissistic libido, latency period, fixation, etc.

In order to give some insight into unconscious mechanisms and as a contribution to Freud's statement that, 'Delusional jealousy is an acidulated homosexuality and justly belongs to the classical forms of paranoia', Brill presents two case histories, the one of a paranoid schizophrenic with homo-

sexual trends, the other a case of overt homosexuality who, after a year of treatment, made a satisfactory heterosexual.

Brill states that many similar cases could be cited showing the course of libido development in the normal and in the neurotic. 'Viewing the psychoneuroses and the psychoses from the standpoint of Freud's libido theory, one not only obtains a logical and comprehensive picture of these maladies, but one also sees an entirely different picture of the child, the neurotic, the psychotic, and the pervert.'

J. I. STEINFELD

**The Wish to Belong.** Sylvia Allen. *Bulletin of the Menninger Clinic*, IV, No. 3, 1940.

The author states that in her work with patients she often asks the question, 'What is it for which you long?'. Though superficially the answers vary a great deal, she finds that the common theme throughout most of the answers is, 'a wish to belong'. Her paper is a discussion of the ways in which she has seen her patients attempt to satisfy this deep need. She finds that the wish to belong has a primary and a secondary aspect. In psychoneurotics, longings may be expressed in terms which are superficially normal and adult but which are really expressions of unsatisfied wishes of childhood. The primary aspect of the wish to belong is seen 'when the efforts to bring about a complete unity of these actual figures [personalities from childhood] is given up as an impossible task and a friendly relationship is established between the imprints of these figures in the personality of the individual. . . . The secondary aspect is fulfilled by the normal, ordinary daily social activities of human beings, the constructive features of which make up the cohesive force of society.'

CHARLES W. TIDD

**Psychoanalytic Notes on Sleep and Convulsion Treatment in Functional Psychoses.** Edith Vowinkel Weigert. *Psychiatry*, III, 1940, pp. 189-209.

In this paper attention is restricted to the psychological effect of sleep and convulsion treatment of functional psychoses. The physiological aspect of such treatment is omitted.

During sleep treatment the patients are more affectionate, erotic, and interested in the world of objects; more active, more accessible and consequently more tractable and sociable. The case report of a schizophrenic patient is given and the prolonged narcosis of this person with strong defenses against instinctual, particularly oral desires led to an alternation between oral object mutilation and depressive ego destruction on the one hand, and manic submersion of the superego and the ego with atonement and gratification of primitive desires on the other.

The effect of sleep treatment is milder than that of shock-treatment which leaves in the patient a memory of helpless surrender to the point of annihilation. Almost all patients experience it as a threat against life. The author asks the question: what distinguishes epileptic regression from the neurotic

or schizophrenic regression? While the schizophrenic, primarily hampered in his object-libidinal development, is bound to a more or less autistic recovery, the epileptic seizure which impairs transiently the ego functions forces him to a manic-like flight into a more or less delusionally transformed reality, with erotization and fears and clinging to objects. The panic provoked by shock (as shown in some detailed case reports) mobilized powerful erotization and turned the patient's interests from artistic fixations to external reality. Male patients showed a greater resistance. The tyrannical superego is replaced by attacks from reality, the ego tries to adjust to this reality more or less fortunately by new control and new repression. Sullivan's and Fromm-Reichmann's work with schizophrenics seemed to be much less dangerous than shock therapy and promise a deeper understanding of schizophrenics. Shock and convulsion therapy is opposed to the main striving of psychoanalytic therapy, to mitigate the cruelty of an archaic superego and to help the patient to endure the hardships of reality.

MARTIN GROTJAHN

**Vigilance and the Vitalistic Hypothesis.** Smith Ely Jelliffe. *J. of Nerv. and Ment. Dis.*, XCII, 1940, pp. 471-488.

The author's paper is based on an impromptu discussion before the New York Psychiatric Society ten years ago. The paper presents a comprehensive discussion of the basic problems of psychiatry today and in the recent past, with special reference to the motor behavior of postencephalitic patients. The discussion, written in the author's well-known inspiring style, constitutes an important contribution to psychiatric methodology.

K. EISSLER

**The Treatment of Illness of Emotional Origin by the General Physician.** Edward Weiss. *The Pennsylvania Med. J.*, December, 1939.

Thirty per cent of the general practitioner's patients suffer from functional illnesses, and the other seventy per cent are also influenced by emotional disorders; yet the organic tradition in medicine causes physicians more or less to despise patients with psychogenic symptoms or to treat them wrongly. Such patients should be induced to discuss their emotional problems freely. Often such communication alone is very helpful. 'It is a good rule for the physician to listen rather than to talk; to give advice on important emotional matters is dangerous.' In severer cases the patient should be sent to a specialist for 'major psychotherapy'.

OTTO FENICHEL

**Dreams and Character.** Alexander Herzberg. *Character and Personality*, VIII, 1940, pp. 323-335.

The author considers the dream 'a conscious occurrence during sleep' not caused by true perceptions. In his opinion dreams are caused by external or internal stimuli, impressions of the day before and 'more or less permanent feelings and volitions' such as ambition, sexual desire, hatred. From the study of an individual's dreams, the author believes that he can deduce the presence of certain

impulses and from these impulses certain character traits. He also concludes that by interpreting dreams in connection with other facts, such as actions, symptoms, etc., he can discover qualities of character unknown to the dreamer, such as sincerity and insincerity, aggressiveness, intensity of impulses and specific emotions. No reference is made to the work of Freud or to the psychoanalytic principles of dream interpretation except to allude to a few of the mechanisms such as repression and symbolism.

EDWIN R. EISLER

*The Origin of the Signs of the Zodiac.* Doris Webster. *American Imago*, I, No. 4, 1940.

The author has found a personal, intuitive approach to the conceptions of ancient and medieval medicine that associate the signs of the Zodiac with parts of the human body. Her method is to make use of words that emerge in the state of falling asleep. This 'functional phenomenon' was first studied by Silberer. Isakower, whom the author does not mention, pointed out that in the transition to sleep typical sensations show a preoccupation with the body ego. Similarly, the author's emerging words at the beginning of sleep ('spectral words') are linked by association with posture and sensations of the body surface. These spectral words gave to the author an understanding for the autosymbolization by which primitive men might have projected the body ego into the star groups of the sky that mark the course of the sun. It would be interesting to compare the author's intuitions with more detailed historic studies of the changing conceptions of the Zodiac.

EDITH VOWINCKEL WEIGERT

*The Vicissitude of the Intellectual Immigrant of Today.* Gregory Zilboorg. *J. of Social Psychology*, XII, 1940, pp. 393-397.

The present wave of immigration is characterized by an intellectual type of immigrant, in contrast to earlier times when the immigration represented predominantly the proletarian and lower middle classes. There resides a child within each of us and there is a longing for that psychological and symbolic extension of the mother image which we call our 'native land'. It takes time and spiritual work before one is able spontaneously and naturally to call a strange woman 'mother'. This is not a simile, it is a rather accurate, descriptive picture of the true state of the immigrant's psychology. The knowledge of the language is of outstanding importance. It is not enough to understand the words, for instance of the Gettysburg Address, but one must also spontaneously grasp the simplicity of it, its stirring humility, its spirit of mourning in the very glory of victory and its Christ-like universality of forgiveness.

MARTIN GROTHJAHN

*Die Ausdrucksbewegungen der Bejahung und der Verneinung.* [The Expressive Gestures of Affirmation and Negation.] Yrjö Kulovesi. *Int. Ztschr. f. Psa.* u. *Imago*, XXIV, 1939, pp. 446-447.

Out of clinical experience with a compulsion neurotic patient Kulovesi draws the conclusion that the movement of nodding, expressing affirmation is a



derivative of movements having the intention of incorporation, especially of drinking. Shaking the head as expression of negation is a derivative of the movement of 'a child who refuses to take offered food into its mouth'. It is interesting to note that a paper published sixteen years ago in the *Internationale Zeitschrift für Psychoanalyse* offered a similar hypothesis.<sup>1</sup>

OTTO FENICHEL

**Ober die Beziehungen zwischen der psychoanalytischen und behaviouristischen Begriffsbildung.** (On the Relation Between Psychoanalytic and Behavioristic Concepts.) Walter Hollitscher. *Int. Ztschr. f. Ps. u. Imago*, XXIV, 1939, pp. 398-416.

To bring about a mutual understanding between psychoanalysts and behaviorists, Hollitscher tries to break down the barrier between two branches of psychology by a logical analysis of the language used in behaviorism and psychoanalysis respectively. Explaining to psychoanalysts the point of view of logicians known as the *Wiener Kreis* he proves: 'It is quite possible to deal satisfactorily with the object of scientific psychology by limiting oneself to the description of the behavior of men and animals'. This thesis is known as Logical Behaviorism and should not be confused with the radical behaviorism of Watson. Most psychoanalysts feel that the reduction of psychological terms to objective words is quite unsatisfactory. Hollitscher feels that this dissatisfaction is due to nothing more than certain animistic magic ideas which are not yet completely eliminated from the thinking of psychologists. He then wants to convince behaviorists that all psychoanalytic language can be reduced to objective terms. It is only as metaphors that psychoanalytic terms contain more than objective facts. The psychoanalytic concepts are unfamiliar, abstract, and different from the psychological concepts of everyday language. Therefore the need for illustration, metaphor, and paraphrase is understandable. As an example he analyzes the concept of 'unconscious wish'. This concept may be substituted for instance by the following sentence in which every element of metaphor is avoided: 'The proposition: someone has this or that unconscious wish, means: he has the disposition under these circumstances to act in such or such manner, and in those to think and to talk in such or such manner, for instance to make this parapraxis, to experience these emotions and to have these free associations'. This paper is another indication of the increasing interest of psychoanalysts in the logical clarification of their method.

SIEGFRIED BERNFELD

**The Choice of Organ in Organ Neuroses.** Felix Deutsch. *Int. J. Ps.*, XX, 1939, pp. 252-262.

The organ involved in an organ neurosis was first affected in childhood in connection with an instinctual conflict. Out of the psychic conflict and the function of the organ a 'psychosomatic unit' is created so that, if later the instincts in question become mobilized, the organ and the function thereof are

<sup>1</sup> Frankl, Viktor Emil: *Zur mimischen Bejahung und Verneinung*. *Int. Ztschr. f. Ps.*, X, 1924, p. 437.

automatically mobilized too. This is demonstrated in examples relating to the respiratory and the circulatory systems. The earlier the 'psychosomatic unit' is created, the more rigid are the organ symptoms. Deutsch calls attention to the fact that the fixation of organ symptoms also depends on the attitude of the child's environment, so that three factors should be considered. 'If then the three factors coincide, the extrinsic organic factor, the personality organization at the time, and the action of the neurosis of the environment, the direction in which the choice of organ tends is definitely laid down.' The development of the symptoms depends on the interrelationship of these three factors so that, if all three factors are known, the course can be prophesied. Not very clear are the author's discussions about the relations between the organ neurotic symptom and the conversion symptom, which not only is the consequence of unconscious instinctual attitudes of the patient, but has a 'meaning' and expresses in a somatic form certain psychic ideas. Deutsch writes: 'We are inclined to believe that the difference between these two types is one of the degree of elasticity or rigidity with which the organic symptoms are bound to the neurosis'. Highly important ideas pertaining to this question were expressed by Freud in his early paper, *Psychogenic Visual Disturbances According to Psychoanalytical Conceptions*, which are too little heeded by authors who undertake to discuss these questions.

OTTO FENICHEL

## NOTES

The NEW YORK PSYCHOANALYTIC SOCIETY and the New York Psychoanalytic Institute elected the following officers for 1941-42: President, Adolph Stern, M.D., Vice-President, Lillian D. Powers, M.D., Secretary, Philip R. Lehrman, M.D., Treasurer, Samuel Atkin, M.D. The following are the members of the Board of Directors: Samuel Atkin, M.D. (Executive Director), Carl Binger, M.D., Smiley Blanton, M.D., Leonard Blumgart, M.D., Isra T. Broadwin, M.D., Phyllis Greenacre, M.D., John A. P. Millet, M.D., Lillian D. Powers, M.D., Adolph Stern, M.D., Philip R. Lehrman, M.D. The members of the Educational Committee are: Samuel Atkin, M.D., Leonard Blumgart, M.D. (Chairman), Sara Bonnett, M.D., Lawrence S. Kubie, M.D., Philip R. Lehrman, M.D., Sandor Lorand, M.D., Lillian D. Powers, M.D., Sandor Rado, M.D., Adolph Stern, M.D., J. H. W. Van Ophuijsen, M.D., Fritz Wittels, M.D. Dr. Leonard Blumgart was elected to the Executive Council of the American Psychoanalytic Association and Drs. Philip R. Lehrman and Sandor Rado were elected to the Council on Professional Training of the American Psychoanalytic Association.

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The courses of instruction for the academic year 1941-1942 of THE NEW YORK PSYCHOANALYTIC INSTITUTE are presented for the second consecutive year in a booklet that presents explicitly and comprehensively the courses, lectures and seminars to be given throughout the academic year. The courses are divided into two groups: I. Professional School (for training physicians in the therapeutic application of psychoanalysis); II. Extension School (for training in the applications of psychoanalysis to nonmedical fields). The concluding section of the booklet prints the revised regulations governing studies in the professional and extension schools of The New York Psychoanalytic Institute, and a list of psychoanalytic institutes and training centers in psychoanalysis in the United States which are recognized by the American Psychoanalytic Association and which have subscribed to its minimal standards.

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The UNITED STATES CIVIL SERVICE COMMISSION, Washington, D. C., needs nurses with psychiatric training for duty in the Panama Canal Zone. For psychiatric duty, applicants must have completed a three-year course in a school of nursing in a psychiatric hospital and be registered as a graduate nurse. However, nurses who have had a three-year general nursing course and have had one year of experience on the nursing staff of a psychiatric hospital may also qualify for psychiatric duty. Applications will be accepted from persons in their final year of training in a nursing school although they must submit proof of the completion of the training course and registration as a graduate nurse before they enter on duty. Applicants must not have passed their thirty-fifth birthday. No written test will be given and applications will be accepted at the Commission's Washington office until further public notice. Further

information and application forms may be obtained from the Commission's representative at any first- or second-class post office or from the central office in Washington, D. C.

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The FOSTER PARENTS' PLAN FOR WAR CHILDREN is operating twenty-five children's colonies in Great Britain today and is caring for more than 4,000 refugee children. Anna Freud is director of three of the Plan's nursery centers. Miss Freud and Mrs. Dorothy Burlingham have written reports of conditions and the care of the children in the Hampstead Nurseries. Limitations of space unfortunately prevent reprinting here the complete report. Especially interesting is the inclusion in the report of the brief clinical history of a boy who developed a rather severe neurosis after being separated from his mother. This was cured in a short time by arranging to bring the mother to him. The authors conclude: 'The interesting point about this story is that it does not seem to be the fact of separation from the mother to which the child reacted in this abnormal manner, but the traumatic way in which this separation took place. Patrick could dissociate himself from his mother when he was given three or four weeks to accomplish this task. When he had to do it all in one day it was a shock to which he answered with the production of symptoms. That means that even children with neurotic possibilities of Patrick's kind could be spared much unnecessary suffering and symptom formation by more careful handling.'

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The SALMON MEMORIAL LECTURES which Dr. Robert D. Gillespie, psychiatric specialist of the British Royal Air Force will deliver in several cities of this country and Canada, have been announced by Dr. C. Charles Burlingame, chairman of the Salmon Committee on Psychiatry and Mental Hygiene. Dr. Gillespie has received special leave of absence from the RAF from the British government for the purpose of delivering the Salmon Lectures in this country and Canada. He will fly here to make a first-hand report to members of the American medical profession and officers of the United States Army and Navy Morale Division on the psychological effects of 'Blitz' warfare on civilian and armed forces.

The schedule for the Salmon Lectures is as follows: New York, November 17, 18; Toronto, November 19; Chicago, November 21; New Orleans, November 22; Washington, November 24, 25 (not open to the public); San Francisco, November 27; Philadelphia, November 30.

Dr. Gillespie will discuss the problems of psychiatry in national defense under the title 'Psychoneuroses in Peace and War and the Future of Human Relationships'. A general invitation to members of the medical profession and their friends to attend the lectures has been issued by the Salmon Committee.

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